

REC'D SEP 16 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

30270
Do not use this space.

1. PLACE OF DEATH

(a) County Washington Registration District No. 886
(b) Township _____ Primary Registration District No. 4537
(c) City Iron Dale (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos.

Registered No. _____

2. PRINT FULL NAME

(a) Residence, No. _____ St. Clayton Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stella Schellenberger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29 - 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 6 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Dr. Agent

9. Industry or business in which work was done, as saw mill, bank, etc. Advertising

10. Date deceased last worked at this occupation (month and year) July 1938 11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

13. NAME Frank Schellenberger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

15. MAIDEN NAME Brotha Rudolph

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) Mrs Schellenberger Clayton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clayton Mo. DATE Aug. 12 - 1938

19. FUNERAL DIRECTOR (ADDRESS) John Schumacher 1822 Plymouth St Clayton Mo

20. FILED 9-13-38 J. P. H. McGuire Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 10 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9 - 1938 to Aug. 10 - 1938

I last saw him alive on Aug. 9 - 1938 Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Other contributory causes of importance:

Hypertension

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. H. Gale M. D.

(Address) Meramar, Mo.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)