

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 7 1939

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26818

Registration District No. 784

Primary Registration District No. 109

Registrar's No. 1230

1. PLACE OF DEATH: 2

(a) County St. Louis

(b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3703 Commonwealth  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Catherine Sally Mae Schallon 450

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Schallon 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 21, 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59	0	17	hr. min.
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9. Birthplace Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business 0

MOTHER FATHER { 12. Name John Lederle 6

13. Birthplace Germany 6  
(City, town, or county) (State or foreign country)

14. Maiden name Lena Heia

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Henry Schallon

(b) Address 3703 Commonwealth

17. (a) Burial (b) Date thereof July 11, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Hill Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) JUL - 8 1939 (b) DR. Meyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 1

(c) City or town Maplewood  
(If outside city or town limits, write "RURAL")

(d) Street No. 3703 Commonwealth  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8  
year 1939 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from April, 1938, to July, 1939;  
that I last saw her alive on July 7th, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral stenosis Duration 3 yrs

Due to \_\_\_\_\_ 920

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Dr. Meyer (M. D. or other) \_\_\_\_\_  
Address 3500 Cambridge Date signed 7/19/39

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*J.P. Burgess*

Licensed Embalmer No. ....

4029

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**