S. No. 2
-11-10-39
5-17-39
PI X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 454

FEB 25 1941

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 454

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Christian Hospital O.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 170
(If outside city or town limits, write "RURAL")

(d) Street No. 3612 N. Spring Ave. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 75 years. 0

3. (a) PRINT FULL NAME Lillie C. Sheller

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race W

6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife Cesar Sheller

6. (c) Age of husband or wife if alive Decd. years

7. Birth date of deceased Jan. (Month) 14th. (Day) 1858 (Year)

8. AGE: Years	Months	Days	If less than one day
83	0	0	hr. min.

9. Birthplace (City, town, or county) 4 Germany (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name ? Wirtensohn
13. Birthplace (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace (City, town, or county) 4 Germany (State or foreign country)

16. (a) Informant Adele S. Holt
(b) Address 3612 N. Spring Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-41 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Parrot Mud Co.
(b) Address 3710 N. Grand Blvd.

19. (a) JAN 16 1941 (Date received local registrar) (b) J. H. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14th. year 1941 hour 3.10 minute A. M.

21. I hereby certify that I attended the deceased from Jan 3rd, 1941, to Jan 14, 1941, that I last saw her alive on Jan 13, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arterial Sclerosis	
Arterial Sclerosis	10 days
Due to nephritides	1
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy — no	

PHYSICIAN — 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Geo. A. Mellies (M. D. or other)
Address 2739 N. Grand Blvd. Date signed 1-15-41

(Licensed Embalmer's Statement on Reverse Side)

G. G. Mellies
2739 N. Grand
12-2

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 Me

Kenneth Jones, Registered Apprentice No. 238

working under my personal supervision.

Signed Robert L. Brinkman

Licensed Embalmer No. 3553

P. O. Address 3710 N. Grand Blvd.

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.