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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

791  
MAR 25 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1003

5202  
1450

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

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: Little Sisters of the Poor 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 years  
In this community 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 200  
(c) City or town St. Louis 1716  
(If outside city or town limits, write "RURAL")  
(d) Street No. Little Sisters of the poor  
(Grand Boulevard St.)  
(e) If foreign born, how long in U. S. A.? life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11th  
year 1941 hour 11:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Feb 11 1941 to Feb 11 1941;  
that I last saw him alive on Feb 11 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Sclerosis  
Myocardial Infarction  
Due to Arterio Sclerosis  
Due to Sclerosis  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations AW  
Of autopsy AW  
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? \_\_\_\_\_

18. (a) Signature of funeral director John S. Regenstein & Sons  
(b) Address 7027 Gravois Ave.  
23. Signature [Signature] (M.D. or other) \_\_\_\_\_  
Address Miss Club St Date signed 2/10/41

3. (a) PRINT FULL NAME John Schelhammer

3. (b) If veteran, name war -- 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased March 20 1867  
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 21 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Brooklyn, New York 1  
(City, town, or county) (State or foreign country)

10. Usual occupation cement worker

11. Industry or business \_\_\_\_\_

12. Name John Schelhammer, Sr.

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

14. Maiden name Bertha Gross  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Harvey Bauer

(b) Address 5218 Walsh

17. (a) Burial (b) Date thereof Feb. 14, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director John S. Regenstein & Sons

(b) Address 7027 Gravois Ave.

19. (a) FEB 13 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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

**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 L. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Travis

**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, fact should be so stated above.**