

No. 2
-12-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5237

FILED MAR 25 1941

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1485

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:
Alexion Brothers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULLNAME JOSEPH A. SCHELBRINK

3. (b) If veteran, name war _____
3. (c) Social Security No. 494-03-9538

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sophia
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased October 4 1902
(Month) (Day) (Year)

8. AGE: Years 38 Months 4 Days 10
If less than one day hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Milk Salesman

11. Industry or business _____

MOTHER FATHER {
12. Name Anthony J. Schelbrink
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Jansen
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Sophia Schelbrink
(b) Address 4218 South 38th St.

17. (a) Burial (b) Date thereof Feb. 17, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul Cemetery

18. (a) Signature of funeral director H. Hubben Sr. & Wad. Co.
(b) Address 2842 Meramec St.

19. (a) FEB 14 1941 (b) J. W. Brudack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1715
(If outside city or town limits, write "RURAL")
(d) Street No. 4218 South 38th St. 9
(If rural, give location) _____
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14th
year 1941 hour 1 minute 45 AM.

21. I hereby certify that I attended the deceased from Feb 9, 1941 to Feb 13, 1941;
that I last saw him alive on Feb 13, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute suppurative appendicitis
diffuse peritonitis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Appendectomy
Of operations & drainage on 7-9-41
Of autopsy _____
PHYSICIAN _____

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 John J. ... (M. D. or other) _____
Address 406 S. ... Date signed 2/14/41

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 Me

....., Registered Apprentice No.

working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address 2842 Meramec St.
St. Louis, Missouri

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.