No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35819

State File No. 0

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2269

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Ballwin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Homes 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Three Months (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96
(c) City or town Ballwin 0
(If outside city or town limits, write "RURAL")
(d) Street No. Box 12
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME KARL KILIAN SCHELLER

3. (b) If veteran, name war No
3. (c) Social Security No. 11

4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leone Cassil
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased July (Month) 27 (Day) 1869 (Year)

8. AGE: Years 74 Months 2 Days 8 If less than one day hr. min.

9. Birthplace Wuertzberg, Bavaria 8
(City, town, or county) (State or foreign country)
10. Usual occupation Caterer
11. Industry or business Retired

FATHER
12. Name George Scheller
13. Birthplace Bavaria 8
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Gertrude Gutmann
15. Birthplace Bavaria 8
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leone C. Scheller
(b) Address 6024 Maple Ave, St Louis Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct. 5, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director Alexander & Sons (Inc)
(b) Address 6175 Delmar, St. Louis, Mo.
19. (a) OCT 9 - 1943 (Date received local registrar) (b) C. G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5
year 1943 hour 1 minute 6 P.M.
21. I hereby certify that I attended the deceased from July 7th 1943, to October 5th 1943
that I last saw him alive on October 5th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis

Due to

Due to

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 131a

Duration

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 R. W. Jansen (M. D. or other)
Address Manchester Mo Date signed 10/5/43

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas R. Jenwick

Licensed Embalmer No. 3793

P. O. Address St Louis Mo

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.