

FILED DEC 15 1943  
**818**

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **10593**

1026  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

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

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

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

In this community 50 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Lizetta Schelp

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife late Albert Schelp

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

7. Birth date of deceased April 17 1851  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>92</u>	<u>7</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation Housework

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

MOTHER FATHER

12. Name Bergmann

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Anna Arend

(b) Address 3940 Palm St.

17. (a) Burial (b) Date thereof 12-3-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion's Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) DEC 2 1943 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1720

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

(d) Street No. 2227 Montgomery St.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30th.  
year 1943 hour 8:00 minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Fractured right hip  
arteriosclerosis suffered when  
Due to the door of an outside toilet  
was near of her home fell  
Due to on her Nov 1-1943  
about 8:00 am

Other conditions (include pregnancy within 3 months of death) 195

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

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

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

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

(b) Date of occurrence 11-1-43

(c) Where did injury occur? St. Louis  
(City or town) (County) (State)

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

While at work? No (Specify type of place) \_\_\_\_\_

Means of injury 3

23. Signature Thomas T. Callender (Dr. or other)  
Address Deputy Coroner Date 12-2-43

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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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 Homer L. Ponder

Licensed Embalmer No. 5367

P. O. Address 2623 St. Louis ave

**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.**