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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 26 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15555

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4299

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3601 S. Jefferson Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Clara F. Scheller

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edward
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased August (Month) 26 (Day) 1909 (Year)

8. AGE: Years 35 Months 8 Days 17 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Alfred Halls
13. Birthplace (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Melissa Hayes
15. Birthplace (City, town, or county) Pa. (State or foreign country)

16. (a) Informant Edward H. Scheller
(b) Address 3601 S. Jefferson
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery
18. (a) Signature of funeral director Wacker Helderle
(b) Address 3634 Gravois Ave.
19. (a) MAY 15 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1945 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from 3/19/45, 19, to 5/12, 1945; that I last saw her alive on 5/12/45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Left Breast with Metastases to Bones & Viscera — Duration 6 mo

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 50

Major findings: Of operations none

Of autopsy none

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 Theo H. Hauser (M. D. or other) MD
Address 3651 Grandel Sq. Date signed 5/14/45

(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 Robert Crowder

Licensed Embalmer No. 2128

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.