

**FILED DEC 9 1946**  
Registration District No. **318**

Primary Registration District No. **1003**

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: 5  
Home for the Aged, 3400 So. Grand Blvd.,  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 Months,  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Catherine 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 Single,

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

7. Birth date of deceased April 26, 1863  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>83</u>	<u>7</u>	<u>1</u>	hr. _____ min. _____

9. Birthplace Illinois, /  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

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

**MOTHER FATHER**

12. Name John A. Scheller, /

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

14. Maiden name Sabina Diemerling,

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

16. (a) Informant Mrs. Frances Buschard,

(b) Address 1120 Linton Ave.,

17. (a) Burial, (b) Date thereof 11/30/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beckemeyer, Illinois,

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.,

19. (a) NOV 29 1946 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri, (b) County 000

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

(d) Street No. 3951 Kennerly Ave.,  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month November day 27th  
year 1946 hour 2:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from May 4,  
1945 to Nov. 27, 1946  
that I last saw her alive on Nov 26, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death

Aortic Sclerosis 2 yrs

Coronary Sclerosis 15 yrs

Due to \_\_\_\_\_

Ch. Acute Arthritis 2 yrs

Due to \_\_\_\_\_

Hypertensive Cerebral 1 yr

Other conditions (Include pregnancy within 3 months of death)

PH

Duration

**PHYSICIAN**

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

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

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

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? \_\_\_\_\_

23. Signature J. F. Bredek (M. D. or other) 11/46  
Address 607 W. Grand, Date signed 11/29

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.....

*Joe S Benz*  
.....  
Licensed Embalmer No.....4269.....

.....  
P. O. Address.....2842 Meramec St.,  
St. Louis, 18, 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.**