S. No. 2
M—1/47
r. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 9 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 15483

Registrar's No. 4188

1. PLACE OF DEATH:
(a) County: Prima DeSoge
(b) City or town: St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: two months
(Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: (b) County: 000
(c) City or town: St Louis Mo 1517
(If outside city or town limits, write "RURAL")
(d) Street No.: 4652 Adkins 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Nees, Theresa
3. (b) If veteran, name war:
3. (c) Social Security No.: — — —

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Herman
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 28 (Day) 1880 (Year)

8. AGE: Years 66 Months 11 Days 3 If less than one day hr. min.

9. Birthplace: St Louis Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation: at Home
11. Industry or business:
FATHER
12. Name: Sebastian Schellenberger
13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Bertha Meidenhardt
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Mary W Crittenden
(b) Address: 4203 Lucille
17. (a) St Peter Paul (Burial, cremation, or removal) (b) Date thereof: 5-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation: St Peter Paul
18. (a) Signature of funeral director: Humphreys Mill
(b) Address: 2019 Jefferson
19. (a) MAY 2 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 1 year 1947 hour 8 50 minute P M.
21. I hereby certify that I attended the deceased from FEB 12 1 1947 to MAY 1 1947 that I last saw her alive on MAY 1 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: RESPIRATORY FAILURE	UNCERTAIN
Due to: BRONCHOGENIC CARCINOMA	UNCERTAIN
Due to:	
Other conditions: (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy: NONE	

PHYSICIAN
Underline the cause of 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?
While at work? (Specify type of place) Means of injury: 0
23. Signature: Thomas W Parker (M. D. or other)
Address: 1325 So. Grand Blvd Date signed: 2 May 1947

Jefferson City Printing Co.

(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 Ernest W. Hilton

Licensed Embalmer No. 14080

P. O. Address .....

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.