. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 20 1947

Registration District No. 377

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 36702

Registrar's No. 2196

1. PLACE OF DEATH:

(a) County: St. Louis,

(b) City or town: Rural, Meramec Twshp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Essenfort Rd. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: none (Specify whether years, months or days)

In this community: 29 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: St. Louis, 96

(c) City or town: Rural. Glencoe, Mo. R #1. 0
(If outside city or town limits, write "RURAL")

(d) Street No.: Glencoe, Mo. R #1.
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Martin Andrew Schalk,

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Della Schalk,

6. (c) Age of husband or wife if alive: 68 years

7. Birth date of deceased: June (Month) 4, (Day) 1875 (Year)

8. AGE: Years 72 | Months 4 | Days 11 | If less than one day: hr. min.

9. Birthplace: Louisville, (City, town, or county) Ky. (State or foreign country) /

10. Usual occupation: Farmer,

11. Industry or business: Own farm;

MOTHER FATHER

12. Name: Theo. Schalk,

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

14. Maiden name: Elizabeth Berger,

15. Birthplace: Louisville, Ky. (City, town, or county) (State or foreign country) /

16. (a) Informant: Mrs. Della Schalk,

(b) Address: Chesterfield, Mo. R. #1.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 10/16/47. (Month) (Day) (Year)

(c) Place: burial or cremation: E. St. Louis, Ill.

18. (a) Signature of funeral director: Schrader Funeral Home,

(b) Address: Ballwin, Mo.

19. (a) 10-17-47 (Date received local registrar) (b) Cecil C. Sharp M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct. day: 15, year: 1947 hour: 4 minute: 45 A. M.

21. I hereby certify that I attended the deceased from Oct 10, 1947, to Oct 15, 1947, that I last saw him alive on Oct. 14, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	5 days
Due to: Hypertension	
arterial Sclerosis - general	
Due to: 830	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:

Of autopsy:

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?: (Specify type of place) While at work?: (e) Means of injury: 0

23. Signature: Henry F. Scott (M. D. or other) M.D.

Address: Ballwin Mo Date signed: Oct 15-1947

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

OCT 30 [illegible]

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 Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin, M

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.