

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 37513

FILED NOV 18 1947

Primary Registration District No. 5304A

Registrar's No. 5

1. PLACE OF DEATH:

(a) County... Cole  
(b) City or town... St. Thomas, Mo.  
(c) Name of hospital or institution:  
(d) Length of stay: In hospital or institution... 1

In this community...  
years, months or days

3. (a) PRINT FULL NAME Linda Marie Schellman

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

4. Sex... Female  
5. Color or race... White  
6. (a) Single, widowed, married, divorced... Infant  
6. (b) Name of husband or wife...  
6. (c) Age of husband or wife if alive... years  
7. Birth date of deceased... June 13, 1947

8. AGE: Years Months Days If less than one day  
4 19

9. Birthplace... St. Thomas Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation... Infant

11. Industry or business...

12. Name... Anthony Schellman

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

14. Maiden name... Ida Loethen

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

16. (a) Informant... Anthony Schellman

(b) Address... St. Thomas, Mo.

17. (a) Burial... (b) Date thereof... 11-3-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... St. Thomas Cemetery

18. (a) Signature of funeral director... Victor B...  
(b) Address... Jefferson City, Mo.

19. (a) 11-3-47 (b) R. P. ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Cole  
(c) City or town... St. Thomas, Mo.  
(d) Street No. In St. Thomas, Mo.  
(e) Citizen of foreign country? ... (Yes or No)  
If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... Nov... day... 2  
year... 1947... hour... 11:00... minute... A.M.

21. I hereby certify that I attended the deceased from...  
Oct 31 - 1947, to Nov 2, 1947;  
that I last saw him alive on Nov 2, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death... Purpura (PURPURA) 1 hour

Due to Enlarged Thyroid

Due to Undulant Fever

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? ...  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ...  
(e) Means of injury ...

23. Signature... R. S. W. ...  
Address... Meta, Mo. Date signed... Nov 3-47

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

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RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 11-19-47

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

*Alvin Funtz*

Registered Apprentice No. *80*

working under my personal supervision.

Signed *Victor Buscher*

Licensed Embalmer No. *3701*

P. O. Address *Jefferson City, 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.