

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 15 1950

State File No. **28631**
Registrar's No. **7590**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7590	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (If this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3838 Oregon				d. STREET ADDRESS (If rural, give location) 3838 Oregon			
3. NAME OF DECEASED (Type or Print) Emma		a. (First)		b. (Middle) Schellhorn		c. (Last)	
4. DATE OF DEATH Sept 5 1950		4. DATE OF DEATH (Month) (Day) (Year)		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 12 1875		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Frank Six		13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE William Schellhorn			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Wm. Schellhorn ADDRESS 3838 Oregon			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Arteriosclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH 5 days 7	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 321X			
22. I hereby certify that I attended the deceased from 9/5 , 19 50 , to 9/5 , 19 50 , that I last saw the deceased alive on 9/5 , 19 50 , and that death occurred at 3 P m., from the causes and on the date stated above.							
23a. SIGNATURE J. B. Pasater (Degree or title) _____				23b. ADDRESS 3606 Francis Ave.		23c. DATE SIGNED 9/7/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-8-50		24c. NAME OF CEMETERY OR CREMATORY St. Paul Church Yard		24d. LOCATION (City, town, or county) St. Louis County (State) _____	
DATE REC'D BY LOCAL REG. SEP 7 1950		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE Wm. Schumacher ADDRESS 3013 Meramec St.			

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Francis Williamson

Licensed Embalmer No. 3565

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.