

FILED SEP 8 1954 STANDARD CERTIFICATE OF DEATH

State File No. 29212

BIRTH NO. 6585254 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7519

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 4462	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If rural, give location) 6317 Southwood 1	
3. NAME OF DECEASED (Type or Print) a. (First) Dorothy b. (Middle) Marie c. (Last) Scharlemann		4. DATE OF DEATH (Month) (Day) (Year) 8 13 54	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 8-13-54
9. AGE (In years last birthday)		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Martin Henry Scharlemann		13b. MOTHER'S MAIDEN NAME Dorothy Irene Hoyer	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Prof. Martin Scharlemann, 6317 Southwood Av
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Atelactasis</i> ANTECEDENT CAUSES Morbid 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. <i>Prematurity</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 762.5
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?
22. I hereby certify that I attended the deceased from 8-13-, 1954, to 8-13-, 1954, that I last saw the deceased alive on 8-13-, 1954, and that death occurred at 1 P. m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Melvin A. Allen M.D.</i>		23b. ADDRESS 3701 Grandel St.	23c. DATE SIGNED 8-14-54
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 8/14/54	24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery
		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. AUG 14 1954		REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Beiderwieden F.H. Inc., 1936 St. Louis, Mo.

S.P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....

working under my personal supervision.

Not Embalmed

Student Embalmer No.....

Signed *James H. Fochler*

Signed.....
Student Embalmer

~~Licensed Embalmer No.~~ *General Director*

P. O. Address *3620 Chippewa St.*

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.