

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**863-042419**  
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3070

DO NOT WRITE ON THIS STUB  
AMENDED

**FILED OCT 30 1963**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>St Louis</b>		a. STATE <b>Mo</b> b. COUNTY <b>St Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Gardenville</b>		c. CITY OR TOWN <b>Gardenville</b>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4720 Hanover</b>		d. STREET ADDRESS (If outside, give location) <b>4720 Hanover</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
First Middle Last <b>Ella May Schallom</b>			Month Day Year <b>Oct 6 1963</b>
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
<b>Female</b>	<b>White</b>		<b>Aug 17, 1901</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BOOK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bayless School</b>	9. AGE (last birthday) <b>62</b>
11a. FATHER'S NAME <b>Charles Fiedeler</b>		11b. MOTHER'S MAIDEN NAME <b>Alice Alexander</b>	11. BIRTHPLACE (City and state or country) <b>St Louis Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		14. NAME OF HUSBAND OR WIFE <b>Raymond C Schallom Sr.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT Address <b>Raymond C Schallom Sr 4720 Hanover</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Generalized Carcinoma</b> DUE TO (b) <b>Carcinoma of the Lung</b> DUE TO (c) <b>—</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 yrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>4-14-62</b> , to _____ and last saw her alive on <b>10-4-63</b> Death occurred at <b>4:45</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>C A Kester MD</b>		22b. ADDRESS <b>3654 S Grand</b>	22c. DATE SIGNED <b>10-7-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>10/8/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>New Picker Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St Louis Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>John L Ziegenhein &amp; Sons 7027 Gravois</b>		25. DATE RECD. BY LOCAL REG. <b>10-7-63</b>	26. REGISTRAR'S SIGNATURE <b>John B. Murphy MD</b>

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300 Rev. 4/59  
1 4000  
2 4000  
3  
4 1  
5 1  
6  
7 0  
8 2  
9/63X  
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11  
12 90-0  
13

396162100  
OCT 29 1968

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed E. P. Kudwa

Licensed Embalmer No. 3877

P. O. Address 7027 Strawco's

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.