MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16099

File No. 4131

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. St Anthonys Hosp. St. ..... Ward)

2. FULL NAME Mary Gesina Scheer

(a) Residence. No. 2753 Magnolia St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 2d 1854

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
74	9	1	

8. OCCUPATION OF DECEASED at Home
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Hy. G. Hinrichs

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Mary Meiners

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Frank G Scheer
(Address) 2753 Magnolia Ave.

15. FILED [illegible] 19 [illegible] Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 3th 1929

17. I HEREBY CERTIFY, That I attended deceased from March 8, 1929, to April 3, 1929 that I last saw her alive on April, 1929, and that death occurred, on the date stated above, at 8 08 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Embolism of Coronary artery

(duration) 5 minutes yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Myocarditis - nefritis (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF March 15, 1929

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical cause

(Signed) N A Schneider M. D.

, 19 (Address) 2708 Lynch St Louis Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St Peter & Pauls C.	April 6th 1929
20. UNDERTAKER	**ADDRESS**
J H Gebken L & U - Co	2628 Gravois Ave

262

10

10

10

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

4131

Name: Mary Gesina Scheer

Who died at: St Louis Mo, on April 3, 1929,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) 129 a

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Embolism of Coronary Artery

Contributory: Chronic Myocarditis, Nephritis, Operation for Empyema of Gall Bladder

Where was disease contracted? from Cholecystitis, Information given over Phone by Dr. N. A. Schneider, Div. of V. S. 12-9-29

Did operation precede death? yes Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____

S-16099