

MAY 7 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

14050

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St Louis** (No. **4604**, **Greer**) **1003** St. Ward)

File No.
Registered No. **3546**

2. FULL NAME **Catherine M. Scheer**

(a) Residence, No. **4604 Greer Av.** St. **10** Ward. (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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 30**, 19 **37**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John J. Scheer**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 11/1920**, 19... to **March 30**, 19 **37**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 10-1865**

I last saw h. e. r. alive on **March 30**, 19 **37**. Death is said to have occurred on the date stated above, at **7:30 P.** m. The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **71** **6** **20**

Chronic Myocarditis

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House Work**

Date of onset **for years**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at home**

Arterio Sclerosis

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance: **for years**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis**

Name of operation..... Date of.....

13. NAME **Gabriel Thivolt**

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

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Greer.**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Mary Scheer 4604 Greer Av.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **April 2nd** 19 **37**

19. UNDERTAKER (ADDRESS) **Bromberg's Und. Co. 4740 N. E. Broadway**

20. FILED **DDP 9 1937** **J. Bredeck** Registrar.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19..... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify (Signed) **Peter Meck**, M. D. (Address) **4701 Sidman Ave**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1899

