

DEC 13 1937

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

39301

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1007 P1**  
 (c) City **Saint Louis** (d) Street No. **1214 Shawmut** Registered No. **10288**  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. **1214 Shawmut P1 St. 6** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 16, 1881**

7. AGE YEARS MONTHS DAYS if LESS than 1 day, ..... hrs. or ..... min.  
**56 7 17**

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Moselle, Mo.**

FATHER  
 13. NAME **James Harmon**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Washington, Ill.**

MOTHER  
 15. MAIDEN NAME **Margaret McPurdy**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Moselle, Mo.**

17. INFORMANT (ADDRESS) **Harold Scharr, 1214 Shawmut**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **St. Clare, Mo. Nov. 7, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **St. Clare, Mo. J. Bredeck**

20. FILED **NOV 5 1937** Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11 2 1937**

22. I HEREBY CERTIFY, That I attended deceased from **3 18**, 19**37**, to **11 2**, 19**37**

I last saw her alive on **Nov. 2**, 19**37**. Death is said to have occurred on the date stated above, at **6:30** p. m.

The principal cause of death and related causes of importance were as follows:

**Cerebral Apoplexy** Date of onset **11/2/37**

Other contributory causes of importance:

**Hypertensive Heart Disease Symp. Arteriosclerosis**

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

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

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.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **Jos. M. Orenstein** M. D.

(Address) **5300<sup>th</sup> Easton Ave**

5995

STATEMENT BY LICENSED EMBALMER

I, Howard F Rowland, Licensed Embalmer No. 3114

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. 3114  
working under my personal supervision.

Signed Howard F Rowland  
Licensed Embalmer No. 3114

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.)