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

8916
Do not use this space.

Registration District No. 791 1003
Primary Registration District No.
Registered No. 2505

1. PLACE OF DEATH
(a) County 4
(b) Township
(c) City St. Louis, Mo. (d) Street No. City Sanitarium St.
(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 63 yrs. — mos. 19 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Peter Schierer 660
(a) Residence, No. 5126 So. Broadway St. 15
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22, 1875
7. AGE: YEARS 63 | MONTHS - | DAYS 19 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Yard-man
9. Industry or business in which work was done, as saw mill, bank, etc. Yard-man
10. Date deceased last worked at this occupation (month and year) Jan. 1926
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri 6

FATHER
13. NAME Mike Schierer 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Misspuri 0

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT (ADDRESS) R. J. Mueller M.D. 5400 Arsenal St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery March 16 1938
19. FUNERAL DIRECTOR (ADDRESS) C. Hoffmeister U.&L.Co. 7814 S. Broadway
20. FILED MAR 15 1938 J. P. Biedeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 13, 1938
22. I HEREBY CERTIFY, That I attended deceased from Mar. 12, 1938, to Mar. 13/38, 19.... I last saw him alive on Mar. 13, 1938 19.... Death is said to have occurred on the date stated above, at 5.35 mA. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar-pneumonia 3-12-38-x	
100	

Other contributory causes of importance:
Gemeralized Arteriosclerosis 3-12-38

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) R. J. Mueller, M. D.
(Address) 5400 Arsenal St.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister U, Licensed Embalmer No. 2426

hereby certify that the body recorded on the reverse side of this certificate was embalmed by L. C. Hoffmeister 387I

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Geo W Hoffmeister

Licensed Embalmer No. 2426

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.)