

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-10-37 I 1 X12004

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.

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

23786  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791  
 (b) Township ..... Primary Registration District No. 1003  
 (c) City St. Louis (d) Street No. City Hospital No. 1 St. 6460  
 (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.  
 D. 5273

2. PRINT FULL NAME Mary Schaerer 660  
 (a) Residence, No. 2401 Ecoff St. 3 (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 married  
 (If divorced, write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8, 1896

|                        |                 |                |  |
|------------------------|-----------------|----------------|--|
| 7. AGE YEARS <u>41</u> | MONTHS <u>7</u> | DAYS <u>11</u> | If LESS than 1 day, ..... hrs. or ..... min. |
|------------------------|-----------------|----------------|--|

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. hwk  
 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) Missouri

FATHER 13. NAME Casper Radmacher  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Mary Spielbrink  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Hosp. Info M. Kent  
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE New S. S. Peter & Paul July 22, 1938

19. FUNERAL DIRECTOR J. L. Ziegenhein & Sons  
 (ADDRESS) 7027 Gravois Ave.

20. FILE JUL 19 1938 J. P. Bredas  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/19/38, 1938

22. I HEREBY CERTIFY That I attended deceased from 7/15/38, 1938 to 7/19/38, 1938.  
 I last saw her alive on 7/19/38, 1938. Death is said to have occurred on the date stated above, at 8.49 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Acute Myelogenous Leukemia  
 Other contributory causes of importance:  
None

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

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) Y. E. Finckell, M. D.  
 (Address) City Hospital No. 1

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**STATEMENT BY LICENSED EMBALMER**

I, ..... Licensed Embalmer No. ....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed .....  
Licensed Embalmer No. ....

**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.)**