

REC'D SEP 12 1938

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

27037
Do not use this space.
7051
Registered No.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis (d) Street No. 3951 Shaw Blvd 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Scheiber

(a) Residence, No. 3951 Shaw Blvd St. 17 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 45 X 6

OCCUPATION 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. Packer
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 Mathia Scheiber

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

MOTHER 15. MAIDEN NAME Agnes Link

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

17. INFORMANT (ADDRESS) Agnes Scheiber
3941 Shaw Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE August 10 1938

19. FUNERAL DIRECTOR (ADDRESS) Peetz Brothers
3029 Lafayette Ave

20. FILED 8-9-38 J.P. Bredich Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 7 1938

I HEREBY CERTIFY, That I attended deceased from June 1, 1938 to Aug 7, 1938.
I last saw him alive on Aug 6, 1938. Death is said to have occurred on the date stated above, at 9:50 A.M.

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

Other contributory causes of importance:
Senility

Name of operation None 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 None
(Signed) John A. DeGroot, M. D.
(Address) 508 N. Grand

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

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.

1 X12004

*Dr. Devenant
Je 4/14*

STATEMENT BY LICENSED EMBALMER

I, *Francis J. Owen*, Licensed Embalmer No. *2245*

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

..... L. E.

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

Signed *Francis J. Owen*

Licensed Embalmer No. *2245*

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.)