

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.

DEC 12 1938

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

37738  
Do not use this space.

1. PLACE OF DEATH

(a) County..... 2 Registration District No..... 791  
(b) Township..... 1 Primary Registration District No..... 1003  
(c) City Saint Louis, Missouri (d) Street No. 600 South Newstead Ave. 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 Gustave F. Scharr

(a) Residence, No. 7178a Manchester Ave. St. 4 (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19th, 1870

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>68</u>	<u>5</u>	<u>1</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as saw mill, bank, etc. Ludlow Saylor Wire Co.

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) Saint Louis, Missouri

FATHER

13. NAME John Scharr

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

MOTHER

15. MAIDEN NAME Berdonia Schueler

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

17. INFORMANT Eliza Scharr  
(ADDRESS) 7178a Manchester Ave.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Valhalla Crematory DATE November 23, 1938

19. FUNERAL DIRECTOR Funeral Home Bros  
(ADDRESS) 2623 Cherokee Street.

20. FILED NOV 21 1938  
J. B. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 20th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1936, to Nov. 14, 1938  
I last saw him alive on Nov. 14, 1938. Death is said to have occurred on the date stated above, at 9:30 A.M.  
The principal cause of death and related causes of importance were as follows:  
Myocarditis  
Other contributory causes of importance:  
Ch. nephritis

Name of operation none Date of.....  
What test confirmed diagnosis? Sigma Was there an autopsy? no

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? no  
If so, specify fasting (Signed) J. B. Bredeck M. D.  
(Address) 7266 Manchester

**STATEMENT BY LICENSED EMBALMER**

I, Vearl E. Morris., Licensed Embalmer No. 3360.

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

*V E Morris*

Licensed Embalmer No. 3360

**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.)**