

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.

RECORDED MAY 10 1939

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

12803
 Do not use this space.

1. PLACE OF DEATH
 (a) County..... 2 Registration District No..... 791
 (b) Township..... Primary Registration District No..... 1003 Registered No..... 3145
 (c) City..... St. Louis (d) Street No..... New Albany Hotel / 4873 Page Blvd. St. 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..... 660 Leo J. Scherrer
 (a) Residence, No..... 4873 Page Blvd. St. L (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)..... Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)..... Feb. 12th, 1872

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
67	1	21	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc..... Real Estate Agent
 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)..... Denver, Colo.

13. NAME..... Unknown Scherrer

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

15. MAIDEN NAME..... Unknown

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

17. INFORMANT (ADDRESS)..... David Baron
916 Federal Commerce Trust Bldg

18. BURIAL, CREMATION, OR REMOVAL..... Valhalla Crematory DATE April 17th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS)..... Drehmann Funeral
1905 Union Blvd.

20. FILE..... APR 3 1939 J. D. Brueck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)..... April 3rd, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 1935 to April 1939
 I last saw deceased alive on April 2, 1939. Death is said to have occurred on the date stated above, at 5 A. M.
 The principal cause of death and related causes of importance were as follows:
Myocarditis chr.

Other contributory causes of importance:
By arteriosclerosis

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... no 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.....
 (Signed)..... Martin V. Spalte M. D.
 (Address)..... 4016 - Chateaux Ave

4016 - Chromium
830 - 930
Dunn's 10/13/9
930 - 1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *R. M. Sanford*

Licensed Embalmer No. *2273*

P. O. Address..... *St. Louis*

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.)

If this body is not embalmed, above space should be left blank.