

R 141939

MAY 11 1939

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

16097

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis, Registration District No. 784  
(b) Township Bonhomme, Primary Registration District No. 200 Registered No. 673  
(c) City Manchester (d) Street No. \_\_\_\_\_ 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 75 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

George H. Scheuer,  
(a) Residence, No. Manchester, Mo. St.  (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) Mary Herzog Scheuer,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1864.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
75 3 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. veterinary,  
9. Industry or business in which work was done, as saw mill, bank, etc. his own practice.  
10. Date deceased last worked at this occupation (month and year) Feb. 13, 1939 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manchester, Mo.FATHER 13. NAME George Scheuer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace LoraineMOTHER 15. MAIDEN NAME Rosena Falmer,16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace Loraine, Mo.17. INFORMANT (ADDRESS) Harvey Scheuer  
708 E. Chasme, Kirkwood, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. E. Cemetery, DATE Apr. 15, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Schradt Funeral  
Bellevue, Mo.20. FILED APR 14 1939 G. R. Meyer, D.D.  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 13, 193922. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1936, to April 13, 1939I last saw him alive on April 13, 1939. Death is said to have occurred on the date stated above, at 4:15 P.M.

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

Chronic myocarditis  
Chronic nephritis  
Cirrhosis of liver  
Hemorrhage from stomach (gastric varix) Date of onset 4-13-39

Other contributory causes of importance:

ArteriosclerosisName of operation none Date of \_\_\_\_\_What test confirmed diagnosis? Physical 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 none

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) B. R. Loving, M. D.(Address) Bellevue, Mo.

**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 *Theo. Schrader*  
Licensed Embalmer No. *3066*  
P.O. Address *Bullwin, Me*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

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