

0330 MAY 18 1938

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

16245  
Do not use this space.

1. PLACE OF DEATH  
(a) County Saline Registration District No. 794  
(b) Township Cartridge Primary Registration District No. 6037B  
(c) City ..... (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Adam Henry Sheer  
(a) Residence, No. .... St.  (If nonresident, give city or town and State)

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 Mattie Sheer  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 24 1865  
7. AGE YEARS 73 MONTHS 5 DAYS 15 If LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farm  
9. Industry or business in which work was done, as saw mill, bank, etc. Farm  
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) Quincy Ill  
13. NAME Peter Sheer  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dover Ohio  
15. MAIDEN NAME Elizabeth Beilstein  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) George Ohio  
17. INFORMANT Mrs A H Sheer  
(ADDRESS) State Mrs Rood  
18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park mortuary DATE April 15 1938  
19. FUNERAL DIRECTOR (NAME) Louis Salzer  
(ADDRESS) State Mrs Rood  
20. FILED April 39 19 W M Tuttle  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1938  
22. I HEREBY CERTIFY, That I attended deceased from 3-22 1938, to April 9 1938  
I last saw him alive on April 8 1938 Death is said to have occurred on the date stated above, at 5:15 am  
The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis  
Pulmonary Infarct  
Date of onset 3/28/38  
Other contributory causes of importance: 31  
Chr. Nephritis  
Varicose veins - both lower limbs  
Name of operation none Date of ?  
What test confirmed diagnosis Chronic 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 .....  
(Signed) O. A. McBurney, M. D.  
(Address) State, Mo.

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.

Beilstein

RECEIVED  
District Health Officer No. 8,  
District File Number 3/11/39  
Date Filed

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.....

*J E Jones*  
working under my personal supervision.

....., Registered Apprentice No.....

Signed *J E Jones*  
Licensed Embalmer No. *3143*  
P. O. Address *Slaters Mrs*

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.