SEP 25 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
OCT 16 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33489

Registration District No. 784 Primary Registration District No. 107 Registrar's No. 1688

1. PLACE OF DEATH:

(a) County St. Louis 2

(b) City or town Ladue
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ~~[illegible]~~ (Specify whether
In this community 5 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County St. Louis

(c) City or town Ladue
(If outside city or town limits, write "RURAL")

(d) Street No. 8864 Ladue Road
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Mary M. Scheuer 6 00

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife George H. Scheuer

6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased Sept (Month) 17th (Day) 1866 (Year)

8. AGE: Years 73 Months 0 Days 6 If less than one day ____ hr. ____ min.

9. Birthplace Manchester (City, town, or county) Mo. (State or foreign country)

10. Usual occupation House wife 0

11. Industry or business At home 6

FATHER
12. Name August Herzog
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Theresa Deze
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Kathleen Bergner
(b) Address 8864 Ladue Rd. St. Louis CO. MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 26-1939 (Month) (Day) (Year)
(c) Place: burial or cremation M. E. Cem. Manchester Mo.

18. (a) Signature of funeral director Harry Schrader
(b) Address Ballwin, Mo.

19. (a) SEP 25 1939 (Date received local registrar) (b) R. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23 rd. day September year 1939 hour 12:45 P.M. minute ____ M.

21. I hereby certify that I attended the deceased from Jan 1, 1935 to Sep 23, 1939; that I last saw her alive on Sep 22, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Lung

Due to to weakness caused by the disease

Due to 50

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Cancer of the Oesoc Primary -

Of autopsy none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) — (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature R. J. Harry (M. D. or other)

Address 1878 S Grand Bl Date signed Sep 25

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

SUM-5-17-39 Rev. 5-17-39 1 X19511

Dr R. Y. Berry
S. Grove

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 Harry Schrader

Licensed Embalmer No. 2091

P. O. Address Ballwin Mo.

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.