

Registration District No. 1000 Primary Registration District No. \_\_\_\_\_

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.

1. PLACE OF DEATH:

(a) County 2

(b) City or town St. Louis, Missouri.

(c) Name of hospital or institution:  
6168 Washington Blv'd.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County \_\_\_\_\_

(c) City or town St. Louis, 5  
(If outside city or town limits, write "RURAL")

(d) Street No. #6168 Washington Blvd  
(If rural, give location)

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

3. (a) PRINT FULL NAME Agnes Schergens Ross. 200

8. (b) If veteran, name war None.

8. (c) Social Security No. None.

4. Sex Female. 5. Color or race White. 6. (a) Single, widowed, married, divorced Widowed.

6. (b) Name of husband or wife Willeim Ross. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan'y 18, 1858.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81.</u>	<u>11.</u>	<u>20.</u>	_____ hr. _____ min.

9. Birthplace St. Louis, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William A. Schergens. 6

13. Birthplace Indiana. 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charles E. Schergens.

(b) Address 6543 Etzel Ave.

17. (a) Cremation. (b) Date thereof 1-9-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory.

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address #7233 Delmar Boulevard.

19. (a) JAN 8 1940 (b) J. F. Brudick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7-  
year 1940 hour 7 minute A M.

21. I hereby certify that I attended the deceased from Dec 22, 1938, to Jan 7, 1940

that I last saw him alive on Jan 6, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis  
Cause unknown

Duration 2 wks

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Atherosclerosis

(Include pregnancy within 3 months of death)

Major findings: 97

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. F. Brudick (M. D. worker) \_\_\_\_\_

Address 2500 Elm St Date signed Jan 8 1940

Peter H. Murray  
2-17-1919  
Ro - 2866

5189 Registrar  
40551?

**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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St Louis 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.**