

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
American Theatre
(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

3. (a) PRINT FULL NAME Louis W. Scherman

3. (b) If veteran, name war Spanish American 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Freda M. Scherman 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Dec. 13 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>2</u>	<u>7</u>	hr. min.

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

10. Usual occupation Physician

11. Industry or business _____

12. Name William Scherman

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

14. Maiden name Wilhelmina Kienemann

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

16. (a) Informant Dr. Victor E. Scherman

(b) Address Gatesworth Hotel

17. (a) Entombment (b) Date thereof 2-23-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway

19. (a) FEB 21 1940 (b) J.D. Brubaker
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2919 S. Kingshighway Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20th
year 1940 hour 12:30 minute _____ P.M. A.M.

21. I hereby certify that I attended the deceased from Feb 14th 1939 to Feb 20 1940
that I last saw him alive on Feb 14 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 1 day

Due to coronary sclerosis 6 years

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
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? _____

(Specify type of place) _____
(e) Means of injury _____

23. Signature Samuel B. Grant (M. D. or other) M.D.

Address 114 N. Taylor Date signed 2/21/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Edmund M. Gerwitz

Licensed Embalmer No. 3024

P. O. Address.....

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.