

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3040 Fair Ave.
(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. **10**
(If outside city or town limit: write "RURAL")
(d) Street No. 3040 Fair Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Veronica Scharnberger.

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 2nd. 1863.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 4 23 _____ hr. _____ min.

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

10. Usual occupation Housework.

11. Industry or business _____

12. Name Frank Scharnberger. **6**

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

14. Maiden name Elizabeth Loudenklose. **10**

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

16. (a) Informant John A. Scharnberger.

(b) Address 3040 Fair Ave.

17. (a) Burial. (b) Date thereof 3-28-40.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathews Cem.

18. (a) Signature of funeral director W. Leidner and Co.

(b) Address 1417N. Market St.

19. (a) MAR 29 1940
(Date of registration) (b) J. F. Budick
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1940 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from 10/26/35
_____, 19____, to March 25 1940
that I last saw her alive on 3/22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis 5 years

Due to _____

Due to _____

Other conditions Arteriosclerosis 5 years
(include pregnancy within 5 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 Phredon Gresser (Physician, D. or other)
Address 4500 Alton St Date signed 3/27/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

Dr. Winner (Luther) Body 1 Feb 1870
6-5 P.M. - 1-5:30 P.M.

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 Walter L. Ponder

Licensed Embalmer No. 3367

P. O. Address 222 3 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.