

No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16601

State File No. _____

REGISTRATION DISTRICT NO. 791

Primary Registration District No. _____

Registrar's No. 4079

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

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: 6109 Vermont 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

8. (a) PRINT FULL NAME William C. Scharringhausen

8. (b) If veteran, name war None 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 Anna Scharringhausen 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased July 20 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 9 14 hr. _____ min. _____

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

10. Usual occupation Salesman

11. Industry or business Prescott Co.

MOTHER FATHER { 12. Name Unknown Scharringhausen

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

14. Maiden name Unknown

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

16. (a) Informant Clyde Scharringhausen

(b) Address 6109 Vermont Ave.

17. (a) Burial (b) Date thereof 5-7-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's Churchyard

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address MAY 6 1940 4228 So. Kingshighway

19. (a) _____ (b) J. Brubaker
(Date received local registrar) (Registrar's signature)

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. 6109 Vermont Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th
year 1940 hour 3 minutes 20 P.M.

21. I hereby certify that I attended the deceased from April, 1940, to May 4, 1940, that I last saw him alive on May 3, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis, unknown

Due to _____
Due to arterio-sclerosis, unknown

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

Major findings: Of operations none
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) no

(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. Brubaker (M. D. or other) MD
Address 3318 S Grand Date signed 5-6-40

3318 So. Grand Ave.
Gr. 0333
1-3-78

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 *Edwin M. Bennett*
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.