

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:
2039a Russell Blvd.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 51 years
years, months or days)

8. (a) PRINT FULL NAME Miss Emma Scheer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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 August 9th, 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>1</u>	<u>10</u>	hr. _____ min. _____

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

10. Usual occupation Millinery

11. Industry or business Millinery Shop

MOTHER FATHER { 12. Name Christian Herman Scheer

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

14. Maiden name Marie Masch

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

16. (a) Informant Marie Scheer

(b) Address 2039a Russell Avenue

17. (a) Burial (b) Date thereof Sept. 23, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Feiderwischen Funeral Home

(b) Address 1936 St. Louis Avenue

19. (a) SEP 23 1940 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
 (d) Street No. 2039a Russell Blvd.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 19th
 year 1940 hour 10 minute 50 P. M.

21. I hereby certify that I attended the deceased from July 22, 1940
 _____, 19____, to Sept. 19, 1940
 that I last saw her alive on Sept. 19, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death
myocardial failure
myocardial infarction
myocardial infarction
 Due to _____
 Due to _____

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

Major findings:
 Of operations 66c
 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? _____

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

23. Signature [Signature] (M. D. or other) _____
 Address 3903 Valise Date signed 9-21-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Mr. Harold Joe
Will Bldg. 9
3903 Olive

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.....

Julius J. Krupin

Licensed Embalmer No. *3497*

P. O. Address *1936 St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.