3. No. 2
4-13-40
5-17-39
PI X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40779

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 10-550

1. PLACE OF DEATH:
(a) County 3
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 4117 Schiller Pl.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4735 Adkins 15
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Louis C. Scheuermann
3. (b) If veteran, name war ----
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Margaret
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased December (Month) 21, (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
76	0	0	hr. min.

9. Birthplace Unknonw (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Barber
11. Industry or business
MOTHER FATHER
12. Name Conrad Scheuermann
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant Louis H. Scheuermann
(b) Address 4735 Adkins
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/40 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset
18. (a) Signature of funeral director Wacker-Hekerle
(b) Address 2331 S. Broadway
19. (a) 12-23-40 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21 year 1940 hour 10 minute 30 p.m.
21. I hereby certify that I attended the deceased from Nov. 18th, 1940, to Dec 21, 1940, that I last saw him alive on Dec 18, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation & Chronic Bronchitis.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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)
(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 Harren Heyenga (M. D. or other)
Address 6639 S. Kingshighway Date signed 12/27/40

(Licensed Embalmer's Statement on Reverse Side)

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 Robert. Wheeler

Licensed Embalmer No. 2128

P. O. Address 00 Lawn Mo

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

If this body is not embalmed, fact should be so stated above.