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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FEB 25 1941
Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 563

Registrar's No. 563

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether
In this community. Unknown
years, months or days)

3. (a) PRINT FULL NAME Ann Scher

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

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

6. (b) Name of husband or wife Louis Scher 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May 19, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 7 29 hr. min.

9. Birthplace Liverpool England
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name William Robertson

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

14. Maiden name Unknown
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Scher

(b) Address 957 Harlan Ave

17. (a) Burial (b) Date thereof 1/20/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JAN 19 1941 (b) J. F. Breda
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 817
(If outside city or town limits, write "RURAL") 9
(d) Street No. 957 Harlan Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 70 Years 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17,
year 1941 hour 4:20 minute P. M.

21. I hereby certify that I attended the deceased from January
15, 19 41 to January 17, 19 41,
that I last saw her alive on January 17, 19 41,
and that death occurred on the date and hour stated above.

Immediate cause of death Intermittent Heart Disease
Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy 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?

While at work? _____ (Specify type of place) (or) Means of injury _____
23. Signature [Signature] (M, D, or other) MD
Address 1515 Lafayette Ave Date signed 1/17/41

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 *William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *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, fact should be so stated above.