

FEB 14 1941
Registration District No. **784**

Primary Registration District No. **200**

Registrar's No. **163**

1. PLACE OF DEATH:
 (a) County **St. Louis**
 (b) City or town **Lemay**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
303 Degenhardt 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 **Herman Scherpen**
8. (b) If veteran, name war **None** **8. (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 **Mary** **6. (c) Age of husband or wife if alive** **70** years
7. Birth date of deceased **January 15 1865**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 0 6 hr. min.

9. Birthplace **Holland 4**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **Unemployed**

MOTHER FATHER
12. Name **Unknown**
13. Birthplace **Holland 4**
 (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace **Holland 4**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mary Scherpen**
(b) Address **303 Degenhardt**

17. (a) Burial (b) Date thereof **JAN. 24. 41**
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **ST. PAULS CHURCHYARD**

18. (a) Signature of funeral director **C. Hoffmeister Jr. R. 66.**
(b) Address **7814 S. Broadway**

19. (a) JAN 23 1941 (b) **H. K. Meyer**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **St. Louis 96**
 (c) City or town **Lemay**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **303 Degenhardt ave.**
 (If rural, give location) **0**
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **21**
 year **1941** hour **6** minute **15 A.** M.

21. I hereby certify that I attended the deceased from **Jan 20-41**
 _____, 19____, to **Jan 21**, 19____;
 that I last saw him alive on **Jan 21**, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Asphyxiation from secondary **48 hrs**
pleural aspiration following **3 day**
due to cerebral hemorrhage

Due to **chronic hypertension and** **3 days**
myocarditis **Schuyler**

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

Major findings:
 Of operations **93 R**
 Of autopsy _____

Duration
 48 hrs
 3 day
 3 days
 Schuyler
 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) (e) Manner of injury _____
23. Signature **J. G. White** (b) Date or check _____
 Address **228 Lemay Ferry Rd.** Date signed **1-21-41**

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

76
00

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 Louis C. Hoffmeister

Licensed Embalmer No. 5871

P. O. Address 7814 S. Broad

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.