

No. 2
-13-40
-17-39
I X23159

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

29827

FILED OCT 11 1941

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

7164

1. PLACE OF DEATH:

(a) County Saint Louis, Missouri.
(b) City or town Saint Louis,
(c) Name of hospital or institution: 2307-A Minnesota Ave.
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000
(c) City or town Saint Louis,
(d) Street No. 2307-A Minnesota Ave.
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Walter E. Scharpf.

3. (b) If veteran, name war _____ 3. (c) Social Security No. 497-18-5047

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Lau Etta Scharpf. 6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased August 24th, 1908.

8. AGE: Years 33 Months 0 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Saint Louis, Missouri.

10. Usual occupation Shipping Clerk

11. Industry or business _____

12. Name Fred Scharpf.
13. Birthplace Unknown Germany
14. Maiden name Unknown
15. Birthplace Unknown Germany

16. (a) Informant Lou Etta Scharpf
(b) Address 2307 Minnesota Ave.

17. (a) Burial (b) Date thereof Sept. 4th, 41
(c) Place: burial or cremation New St. Marcus Cemetery.

18. (a) Signature of funeral director Ziegler Bros
(b) Address 2623 Cherokee Street.

19. (a) SEP 4 1941 (b) J. Brudeck
(Date received for registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31st,
year 1941. hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug 20th
1941 to Aug 31st 1941
that I last saw him alive on Aug 31st 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion few minutes

Due to Plenymorphic heart disease - Since 1927
Endocarditis Myocarditis
Due to Arteriosclerosis with thrombosis

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? _____
(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 B. H. Baker (M. D. or other) 0
Address 2901 Cherokee St. Date signed 9-2-41

DTT (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

000
17
9

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.....

W E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Chero

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.

FILED OCT 18 1941 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7164

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:
2307 a Minnesota
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
 (c) City or town St L.
(If outside city or town limits, write "RURAL")
 (d) Street No. 2307a Minn
(If rural, give location)
 (e) Citizen of foreign country _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Walter E. Scharpf
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Lou & Sta 6. (c) Age of husband or wife if alive 30 year
 7. Birth date of deceased 8-24-08
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>33</u>	<u>0</u>	<u>7</u>	hr _____ min _____

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

10. Usual occupation Shipping Clerk

11. Industry or business II

12. Name Walter E. Scharpf

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

14. Maiden name unk.

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

16. (a) Informant Lou & Sta Scharpf

(b) Address 2307 Minn II

17. (a) _____ (b) Date thereof 9-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Manor

18. (a) Signature of funeral director Cherokoe

(b) Address 2623 Cherokoe

19. (a) 9-4-41 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 31
 year 41 hour 3 minute 45 - M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
 Duration _____

Due to 920

Due to _____

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

Major findings: 920
 Of operations _____

Of 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) (e) Means of injury

23. Signature C. H. Baker (M. D. or other) _____

Address 2901 Cherokoe Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

29827