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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36207

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 207

1. PLACE OF DEATH: St Louis
(a) County
(b) City or town ~~PINE LAWN.~~ Normandy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MOTHER GOOD COUNCIL HOME 3 HOME OF THE INCURABLES
(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 LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 96
(c) City or town ~~PINE LAWN.~~ St Louis 0
(If outside city or town limits, write "RURAL")
(d) Street No. ~~6825~~ NATURAL BRIDGE 0
1571 Mo (If rural, give location)
(e) If foreign born, how long in U. S. A.? years. 0

3. (a) PRINT FULL NAME ELIZABETH SCHIERMANN
3. (b) If veteran, name war —
3. (c) Social Security No. NONE
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 MCH. (Month) 4TH (Day) 1862 (Year)
8. AGE: Years 79. Months 7 Days 10 If less than one day — hr. — min.
9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)
10. Usual occupation HOUSE WORK.
11. Industry or business
MOTHER FATHER
12. Name HENRY SCHIERMANN
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
14. Maiden name HELEN OVERBECK
15. Birthplace GERMANY (City, town, or county) (State or foreign country)
16. (a) Informant Chester H. Scherman
(b) Address 5045 N. Kingshighway
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 17-1941 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.
18. (a) Signature of funeral director Brockland Und Co
(b) Address 1827 HOGAN. STR.
19. (a) OCT 16 1941 (Date received local registrar) (b) C. D. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 14TH year 1941. hour 11:30 minute P. M.
21. I hereby certify that I attended the deceased from Nov. 19, 1940, to Oct. 14, 1941, that I last saw her alive on Oct. 13, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uterine and Adnexia Carcinoma, Surgical 4 yrs. ago at City Institution	
Due to Bone Metastasis into Spine, ribs and pelvis -	2 yrs.
Due to Myo Carditis, Endo Carditis, Chr. Arteriosclerosis, Chr. Int. Nephritis	
Other conditions Uremia 1 yr. Uremia Coma- 2 mo. (Include pregnancy within 3 months of death)	

Major findings: Of operations None
Of autopsy None

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 None
(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? None (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Dr. [illegible] M.D. (M. D. or other)
Address 3718 Jennings Rd. Pine Lawn, Mo. Date signed 10-15-41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 2971

P. O. Address.....

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

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