S. No. 2
—1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

40096

State File No. 9808

FILED JAN 24 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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

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:
C Missouri Baptist Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 36

(c) City or town New Haven NR
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route 1
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Anna Scheer

3. (b) If veteran, name war No.

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 JohnScheer

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased March 10, 1870 (Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 29 If less than one day hr. min.

9. Birthplace New Haven (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Christ Riechers

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

MOTHER

14. Maiden name Charlotte Baumann

15. Birthplace Port Hudson (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Edward Scheer

(b) Address New Haven Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-10-41 (Month) (Day) (Year)

(c) Place: burial or cremation New Haven Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) DEC 10 1941 (Date received by registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day Dec. 9th year 1941 hour 10 minute 25 A.M.

21. I hereby certify that I attended the deceased from Dec Third 1941 to Dec 19; that I last saw her alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Empyemia of Gall Bladder — Duration 4 days

Due to Stone in Cystic duct

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operation Empyemia of Gall Bladder. Stone in Cystic duct

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

(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 Gary D. Hayward (M. D. or other) M.D.

Address Metropolitan Bldg. Date signed 12/10/41

(Licensed Embalmer's Statement on Reverse Side)

FEB 6 1942

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 Wilford T. Burnley

Licensed Embalmer No. 4202

P. O. Address.....

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

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