

FILED SEP 4 1942

Registration District No. 348 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County Saint Louis, Missouri.

(b) City or town Saint Louis, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: De Paul Hospital. O  
(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 Missouri. (b) County 17

(c) City or town Saint Louis, MO.  
(If outside city or town limits, write "RURAL")

(d) Street No. Sappington  
(If rural, give location)

(e) Citizen of foreign country? O (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Louise Scharff,

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 Widowed.

6. (b) Name of husband or wife Eugene A. Scharff, 6. (c) Age of husband or wife if alive \_\_\_\_\_ years 29th, 1885.

7. Birth date of deceased October (Month) (Day) (Year)

8. AGE: Years 56 Months 10 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Saint Louis, Missouri. O  
(City, town, or county) (State or foreign country)

10. Usual occupation House-work

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Greger Gruber,

13. Birthplace Unknown Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Maddoline Koffler.

15. Birthplace Unknown Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary W. Ryan  
(b) Address Sappington Missouri.

17. (a) Cremation (b) Date thereof Sept. 1st, 42.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory.

18. (a) Signature of funeral director Ziegenhein Bros.  
(b) Address 6409 Gravois Ave.

19. (a) AUG 31 1942 (b) J. F. Bredeck  
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29th,  
year 1942. hour 10 minute 0 P. M.

21. I hereby certify that I attended the deceased from March 1932 to Aug 29 1942  
that I last saw him alive on Aug. 29 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: 1) carcinoma of pancreas  
2) leukemia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

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 A. L. Gashin (M. D. or other) \_\_\_\_\_  
Address 3903 Olive St. Date signed 8-31-42

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 *W E Morris*.....

Licensed Embalmer No. *3360*.....

P. O. Address *6409 Gravois*.....

**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.**