

ED JUL 31 1943 318

Registration District No. **1003**  
Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

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

(c) Name of hospital or institution:  
**in Park City Hospital #1**  
(If not in hospital or institution, give street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME **Alfred V. Scharlott**

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

3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male**

5. Color or race **Wht.**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Clara Scharlott**

6. (c) Age of husband or wife if alive **36** years

7. Birth date of deceased **May 27 1911**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<b>32</b>		<b>1</b>	<b>19</b>	_____ hr. _____ min.

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

10. Usual occupation **Chauffeur**

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

12. Name **Henry Scharlott**

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

14. Maiden name **Anna**

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

16. (a) Informant **Clara Scharlott**

(b) Address **2852 Russell Blvd.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **7/20/43**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Old S.S. Peter & Paul**

18. (a) Signature of funeral director **Dr. L. Maxwell**

(b) Address **1926 Allen Ave.**

19. (a) **JUL 20 1943** (Date received local registrar) **J. F. Bruce** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000 17 3 9 2 3**

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

(d) Street No. **2852 Russell Blvd.**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **16**  
year **1943** hour **8** minute **20 P.M.**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death **Internal hemorrhage from ruptured aortic aneurysm when he was crushed between a wall of a garage and a truck he was working at the Empire Building - 8011 Broadway abt 8:10 Pm 7-16-43**

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

Deceased was on \_\_\_\_\_

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

Of operations **running board and fell from it**

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) **Accident**

(b) Date of occurrence **7-16-43**

(c) Where did injury occur? **St. Louis, Mo.**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Industrial**  
(Specify type of place)

While at work \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

3. Signature **Alfred V. Scharlott** (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed **7/19/43**

**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

*A. M. Dando*

Licensed Embalmer No.

*3741*

P. O. Address

*1926 Allen*

**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.**