V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1943

Registration District No. 3 8

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 30345

Registrar's No. 8078

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: 2660 A CALIFORNIA AV.
(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) 1
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 23
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2660 A CALIFORNIA AV 17
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME HENRY SCHEVE

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife EMMA SCHEVE

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased JUNE (Month) 13 (Day) 1860 (Year)

8. AGE: Years 83 Months 2 Days 27 If less than one day hr. min.

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

10. Usual occupation NIL

11. Industry or business

FATHER
12. Name JOSEPH SCHEVE
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name HELENA UNKNOWN
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Scheve
(b) Address 2660 California Av.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Sept 13-1943 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Av.

19. (a) SEP 10 1943 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9 year 1943 hour 11 minute 20 p.m.

21. I hereby certify that I attended the deceased from June 1, 1943, to Sept 9, 1943, that I last saw him alive on Sept 8, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	1 yr
Due to arteriosclerosis	6 yr
Due to	
Other conditions (Include pregnancy within 3 months of death) none	
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: no
(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 [illegible] (M. D. or other)
Address 3318 S Grand Date signed 9-10-43

(Licensed Embalmer's Statement on Reverse Side)

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Kearny Jersey

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.