

3. No. 2
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5-17-39
X32897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36305

FILED DEC 3 1943

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10166

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:
St. Louis City Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks,
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County _____

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

(d) Street No. 4841a Nebraska Ave.,
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward Scherzinger

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18
year 1943 hour 11:20 minute _____ P. M.

4. Sex Male, 5. Color or race White, 6. (a) Single, widowed, married, divorced Widowed,

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: April 30, 1877,
(Month) (Day) (Year)

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.

8. AGE: Years Months Days If less than one day

66 6 18 _____ br. _____ min.

Immediate cause of death _____
Cerebral Hemorrhage
Due to _____
Due to _____

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

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Retired Patrolman,

Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name Ignatz Scherzinger,

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

{ 14. Maiden name Anna Bruckner,

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

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? Cem.

16. (a) Informant Caroline Ripstein,

(b) Address 942 Dover Place,

17. (a) Burial, (b) Date thereof 11/22/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Thomas F. Callahan, (M. D. or other) _____
Address Deputy Coroner Date signed 11/22-43

18. (a) Signature of funeral director Helmer - Berg Mortuary,

(b) Address 2842 Meramec St.,

19. (a) NOV 20 1943 (b) J. F. Prodeck
(Date received local file) (Registrar's signature)

Physician _____
Underline the cause to which death should be charged statistically.

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Joe S. Benz
Licensed Embalmer No. 4249
P. O. Address 2842 Meramec St.,
St. Louis, Mo.

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.