

S. No. 2
M-542
7-5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40492

State File No. _____
Registrar's No. **11927**

FILED JAN 12 1948
Registration District No. **318**

Primary Registration District No. **1000**

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: St. John's Hospital
(d) Length of stay: In hospital or institution 13 Days
In this community 13 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State ILLINOIS (b) County MONROE
(c) City or town WATERLOO
(d) Street No. 0 N.R.
(e) Citizen of foreign country? YES
If yes, name country —

3. (a) PRINT FULL NAME MARGARET SCHARFEN BERGER
3. (b) If veteran, name war —
3. (c) Social Security, No. —

4. Sex Female **5. Color or race** White
6. (a) Name of husband or wife FRANK Scharfenberger
6. (b) Age of husband or wife if alive 7 years
7. Birth date of deceased MARCH 21 1891

6. (g) Single, widowed, married, Divorced
8. AGE: Years 72 Months 9 Days 9
If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business —

12. Name HECK

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

14. Maiden name UNKNOWN

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

16. (a) Informant Henry Neche

(b) Address Waterloo Illinois

17. (a) (b) Date thereof DEC 31 = 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waterloo Ills

18. (a) Signature of funeral director N. Durghern

(b) Address Waterloo Ills

19. (c) DEC 31 1948 J. F. Bradach
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Dec day 30
year 1943 hour 9:40 minute 0 M.
21. I hereby certify that I attended the deceased from Dec 19 1943 to Dec 30 1943
that I last saw him alive on Dec 30 1943
and that death occurred on the date and hour stated above.

MEDICAL CERTIFICATION
Immediate cause of death: Apex myocardial infarction
Cholera
Due to: Cholera 8 days
General Peritonitis 6 days
Cholera 6 days
Other conditions: Primary in uterus
(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
Of autopsy: —

Duration
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 J. F. Bradach (M. D. or other)
Address 4952 Maryland **Date signed** 12/30/43

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

Signed Ben. H. Ballwin

Licensed Embalmer No. 2420

P. O. Address E. Harris Ill.

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.