S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39747

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10916

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Home for the Aged 3400 So. Grand Blvd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9yrs. (Specify whether
In this community 4 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. 3400 So. Grand Blvd.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William Scheve

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan. (Month) 17, (Day) 1873 (Year)

8. AGE: Years 72 Months 10 Days 27 If less than one day hr. min.

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

10. Usual occupation Day Laborer

11. Industry or business

FATHER
12. Name Herman Scheve
13. Birthplace Don't Know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace Don8T Know (City, town, or county) (State or foreign country)

16. (a) Informant Sister Bernette
(b) Address 3400 So. Grand Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/45 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Gebken-Benz Mort
(b) Address 2842 Meramec St.

19. (a) DEC 14 1945 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14th year 1945 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from Dec 1 1945 to Dec 14 1945 that I last saw him alive on Dec 12 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage — Duration 2 Wks

Due to

Due to Arterio Sclerosis 2 yrs

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) 12/15/45

Address 607 No Grand Date signed

(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 me

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed Loron E. Percy

Licensed Embalmer No. 4094

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.