

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

FILED DEC 9 1946
Registration District No. **318**

Primary Registration District No. **1003**

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

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:
Mo Baptist Hospital
(If not in hospital or institution, write 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 Jack Scharringhausen

3. (b) If veteran, name war World War 1

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 May 30 1922
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>24</u>	<u>5</u>	<u>20</u>	_____ hr. _____ min.

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

10. Usual occupation Amer. R.R. Express Co.

11. Industry or business _____

12. Name Wm. Scharringhausen

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

14. Maiden name May Booth

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

16. (a) Informant Wm. Scharringhausen

(b) Address Kimmswick, Mo.

17. (a) Burial (b) Date thereof 11 22 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) NOV 20 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

(c) City or town Kimmswickar Dr.
(If outside city or town limits, write "RURAL")

(d) Street No. Rt. 1 Cedar Dr.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20th
year 1946 hour 12:04 minute _____ A.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 Brain injury
Compound Fractured Left Arm
W/ the Automobile he was
Operating was involved in
a Collision with another
Automobile Driver Undetermined
1/2 mile South of the Merowee
Power Bridge on Highway #61
Approx 12:30 A.M. Nov. 14/46

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

Major findings: Extensive and younger of some
could not be determined

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) per Verdict of

(b) Date of occurrence Nov. 14 1946

(c) Where did injury occur Jefferson Co. Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Cedar Highway

(Specify type of place) _____

While at work? _____ (e) Means of injury as above

23. Signature Patricia E. Taylor (M.D. or other) 3

Address Ray St. Date signed 11/20/46

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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..... *Richard W. Stovesand*

Licensed Embalmer No. *4007*

P. O. Address.....

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.