

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 14 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6902
Registrar's No. 2231

Registration District No. 318 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2718 Limit Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 68-9-13
In this community 68-9-13
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Alma A. Scharr
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm.
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased May 19 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 9 13 hr. min.

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

10. Usual occupation House work

11. Industry or business

12. Name Francis T. Kleinschmidt

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

14. Maiden name Leontine Liebig
(City, town, or county) (State or foreign country)

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

16. (a) Informant Wm. B. Scharr

(b) Address 2718 Limit Ave.

17. (a) Cremation (b) Date thereof 3-7-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director W. Schumacher
(b) Address 3013 Meramec

19. (a) MAR 4 1947 (b) J. J. Bradeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County oao
(c) City or town St. Louis 4 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2718 Limit Ave. 9
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch. 4th.
year 1947 hour 2 minute 20 A. M.

21. I hereby certify that I attended the deceased from 4 Feb 1947 to 4 Mar 1947
that I last saw her alive on 4 Mar 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema Duration 5 hr.

Due to Heart Failure 1 day

Due to Hypertension 50 3 yrs.

Other conditions Ca. of Breast.
(Include pregnancy within 3 months of death)

Major findings: Of operations Schinoin Carcinoma of Breast
Of autopsy 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) 0
(a) Means of injury
23. Signature J. J. Bradeck (M. D. or other)
Address 506 Olive Date signed 4 Mar 47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address 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.