

S. No. 2
OM-5-43
v. 5-17-39
P 1 X36571

FILED FEB 17 1947
318
Registration District No.

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution:
Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Dr. Phil H. Scherer

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

3. (c) Social Security No. _____

4. Sex Male 5. Color of race White

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

6. (b) Name of husband or wife Marie Scherer

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

7. Birth date of deceased December 23, 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>1</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation Physician

11. Industry or business _____

MOTHER FATHER

12. Name Martin Scherer

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

14. Maiden name Hedrette Hohl

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

16. (a) Informant Mrs. Marie Scherer

(b) Address 2710 S. Grand Blvd.

17. (a) Burial (b) Date thereof 2-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director _____
Southern Funeral Home

(b) Address 6322 S. Grand Blvd.

19. (a) FEB 8 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 2710 S. Grand Blvd.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6th
year 1947 hour 11 p.m. minute _____ M.

21. I hereby certify that I attended the deceased from 1943 to Feb 6 1947

I last saw him alive on Feb 6 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from Peptic Ulcer
Sudden

Due to _____

Due to 117

Other conditions Cerebral Thrombosis
(Include pregnancy within 3 months of death)

with left hemiplegia

Major findings: _____

Of operations _____

Of autopsy Hemorrhage from ulcer
and Cerebral Thrombosis

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 Ruby G Warner (M. D. or other) MD
Address Post Office Box Date signed Feb 8-47

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 J. Wm Bentley
Licensed Embalmer No. 3653
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.