

No. 300
10-47
5-17-39
P 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 23 1948
Registration District No. 318

88430

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

28184

State File No. _____

Registrar's No. 7086

1. PLACE OF DEATH:
(a) County _____
(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:
St. Louis City Hospital-Max C. Starkloff Memorial
(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 M. Caroline/Scheer
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Late William Scheer 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 2, 1851
(Month) (Day) (Year)

8. AGE: Years 96 Months 11 Days 9 If less than one day hr. _____ min. _____

9. Birthplace Germany (City, town, or county) (State or foreign country) 4

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name William Kurdell
13. Birthplace Unknown Germany (City, town, or county) (State or foreign country) 7
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Arthur H. Scheer
(b) Address 2234 Sullivan Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 14 1948
(Month) (Day) (Year)
(c) Place: burial or cremation Saint Peters Cemetery

18. (a) Signature of funeral director Calvin F. Fautz
(b) Address 4828 Nat bridge Blvd

19. (a) AUG 12 1948 (Date received local registrar) (b) J. J. Brebeck (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") 17
(d) Street No. 2234 Sullivan Ave (If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11th
year 1948 hour 7 minute 40 A.M.

21. I hereby certify that I attended the deceased from 8-2-48
_____ 19 to 8-11-48 19_____
that I last saw h er alive on 8-11-48 19_____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Vascular accident
Due to _____
Due to _____
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?

While at work? _____ (Specify type of place)
(a) Means of injury IN
23. Signature John W. Zwick (M. D. or other) MD
Address 1515 Lafayette Avenue Date signed 8-11-48

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..... *Ralph C Linders*

Licensed Embalmer No..... *4225*

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.