

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1701

318

1003

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>45 Days</b>		c. CITY OR TOWN <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>810 East Prairie Av.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>810 East Prairie Av.</b>				d. STREET ADDRESS (If rural, give location) <b>810 East Prairie Av.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Bernard</b> c. (Last) <b>Scharr</b>			4. DATE OF DEATH <b>Feb. 20 1949</b> (Month) (Day) (Year)				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 31 1871</b>		9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 RES. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Letter Carrier</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <b>John J. Scharr</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Paul</b>		14. NAME OF HUSBAND OR WIFE <b>Alma Scharr Deceased</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Florence Trunk</b> ADDRESS <b>810 E. Prairie</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Parenchymatous Nephritis</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <b>181</b> <b>575X</b>					INTERVAL BETWEEN ONSET AND DEATH <b>First 8.12.47</b> <b>Last 2.13.49</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT — (Specify) _____ SUICIDE — HOMICIDE —		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>8-12, 1947</b> , to <b>2-20, 1949</b> , that I last saw the deceased alive on <b>2-20, 1949</b> , and that death occurred at <b>7:15 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Vincent F. Townsend MD</b> (Degree or title)			23b. ADDRESS <b>3101 S. Sutton Ave Maplewood Mo.</b>			23c. DATE SIGNED <b>2.21.49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24b. DATE <b>Feb. 23 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>FEB 23 1949</b>		REGISTRAR'S SIGNATURE <b>J B Hooster</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W M Schumacher</b>		ADDRESS <b>3013 MERAMEC</b>	

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

ELM T SECTION - HATHLEIGH  
13101

12-70-5

**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

*Jack Haupt*

Student Embalmer No. *231*

working under my personal supervision.

Signed *Jack Haupt*  
Student Embalmer

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.