

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28514

State File No.

7767

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Gasconade					
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 2 mos 29 days		c. CITY (If outside corporate limits, write RURAL and give township) Hermann		d. STREET ADDRESS (If rural, give location) N. R. 10			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Children's Hospital				3. NAME OF DECEASED a. (First) Ellen b. (Middle) Anne c. (Last) Scharnhorst		4. DATE OF DEATH (Month) 9 (Day) 7 (Year) 49			
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Never married	8. DATE OF BIRTH 9-9-45		9. AGE (In years last birthday) 3	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MRS. Hours	IF UNDER 1 MRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis, Mo (1)		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Archie Louis Scharnhorst			13b. MOTHER'S MAIDEN NAME Edna Heck			14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (No)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Edna Scharnhorst, Hermann, Mo.		ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullablastoma of cerebellum with implantment in leptomeninges						INTERVAL BETWEEN ONSET AND DEATH _____		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION 6-14-49		19b. MAJOR FINDINGS OF OPERATION medullablastoma of cerebellum				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) 54		(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? 3080					
22. I hereby certify that I attended the deceased from 6-11-1949 , to 9-7-1949 , that I last saw the deceased alive on 9-7-1949 , and that death occurred at 1:15 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE Wm. Klingberg M.D.				23b. ADDRESS _____		23c. DATE SIGNED _____			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-7-49		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) Hermann, Mo.		(State) _____	
DATE REC'D BY LOCAL REG. SEP 7 1949		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington Blvd.			

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

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed E. C. Remeluro

Licensed Embalmer No. 4283

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.