

FILED APR 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15206

|                                                                                                                                                                                                                                               |  |                                                                                                                                      |                                    |                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BIRTH NO. _____                                                                                                                                                                                                                               |  | REG. DIST. NO. <b>317</b>                                                                                                            | PRIMARY REG. DIST. NO. <b>3063</b> | Registrar's No. <b>967</b>                                                                                                                                                                                                     |
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>                                                                                                                                                                                               |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)<br>a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b> |                                    |                                                                                                                                                                                                                                |
| b. CITY (If outside corporate limits, write RURAL and give town) <b>Clayton</b>                                                                                                                                                               |  | c. CITY (If outside corporate limits, write RURAL and give township) <b>4870</b><br>OR TOWN <b>Oakville</b> Rural <b>1</b>           |                                    |                                                                                                                                                                                                                                |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis County Hospital</b>                                                                                                                                                                      |  | d. STREET ADDRESS (If rural, give location) <b>Becker Road off Telegraph Rd.</b>                                                     |                                    |                                                                                                                                                                                                                                |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>John</b>                                                                                                                                                                                 |  | b. (Middle) <b>-----</b>                                                                                                             |                                    | c. (Last) <b>Schierhoff</b>                                                                                                                                                                                                    |
| 4. DATE OF DEATH<br><b>April 12 1950</b>                                                                                                                                                                                                      |  | 5. SEX <b>Male</b>                                                                                                                   |                                    | 6. COLOR OR RACE <b>White</b>                                                                                                                                                                                                  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>                                                                                                                                                                   |  | 8. DATE OF BIRTH <b>Feb. 10, 1879</b>                                                                                                |                                    | 9. AGE (In years last birthday) <b>71</b>                                                                                                                                                                                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired Farmer</b>                                                                                                                             |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>                                                                                     |                                    | 11. BIRTHPLACE (State or foreign country) <b>Oakville, Mo.</b>                                                                                                                                                                 |
| 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>                                                                                                                                                                                                       |  | 13a. FATHER'S NAME <b>John Herman Schierhoff</b>                                                                                     |                                    | 13b. MOTHER'S MAIDEN NAME <b>Anna Haenekelmann</b>                                                                                                                                                                             |
| 14. NAME OF HUSBAND OR WIFE <b>-----</b>                                                                                                                                                                                                      |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____                                                              |                                    | 16. SOCIAL SECURITY NO. _____                                                                                                                                                                                                  |
| 17. INFORMANT'S SIGNATURE OR NAME <b>Wm. Schierhoff</b>                                                                                                                                                                                       |  | ADDRESS <b>Arnold, Mo.</b>                                                                                                           |                                    | 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |
| 19. DATE OF OPERATION _____                                                                                                                                                                                                                   |  | 19b. MAJOR FINDINGS OF OPERATION _____                                                                                               |                                    | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                               |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>                                                                                                                                                                                       |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>                                 |                                    | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis MO</b>                                                                                                                                                            |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>APR. 12, 1950</b>                                                                                                                                                                          |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>                    |                                    | 21f. HOW DID INJURY OCCUR? <b>SELF-INFLICTED GUNSHOT WOUND OF HEAD</b>                                                                                                                                                         |
| 22. I hereby certify that I attended the deceased from <b>4-12-1950</b> , to <b>4-12-1950</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>7 P.M.</b> , from the causes and on the date stated above. |  |                                                                                                                                      |                                    |                                                                                                                                                                                                                                |
| 23a. SIGNATURE (Degree or title) <b>L. J. Wacker, M.D.</b>                                                                                                                                                                                    |  | 23b. ADDRESS <b>601 So. Brentwood - Clayton</b>                                                                                      |                                    | 23c. DATE SIGNED <b>4-14-50</b>                                                                                                                                                                                                |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>                                                                                                                                                                                       |  | 24b. DATE <b>April 15, 1950</b>                                                                                                      |                                    | 24c. NAME OF CEMETERY OR CREMATORY <b>Assumption Cemetery</b>                                                                                                                                                                  |
| 24d. LOCATION (City, town, or county) (State) <b>Mattese, Mo.</b>                                                                                                                                                                             |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Hoffmeister</b>                                                                               |                                    | ADDRESS <b>U. &amp; L. Co. 7814 S. Broadway</b>                                                                                                                                                                                |
| DATE REC'D BY LOCAL REG. <b>APR 14 1950</b>                                                                                                                                                                                                   |  | REGISTRAR'S SIGNATURE <b>Robert L. Blomke, M.D.</b>                                                                                  |                                    | (Licensed Embalmer's Statement on Reverse Side)                                                                                                                                                                                |

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Lina C. Hoffmeister* \_\_\_\_\_

Licensed Embalmer No. *3871* \_\_\_\_\_

P. O. Address *7814 S. Broadway* \_\_\_\_\_

**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.**