

FILED NOV 17 1950

STANDARD CERTIFICATE OF DEATH

1003

39002

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. _____ Registrar's No. **9219**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (in this place) 67 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	2169
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3744 Michigan		d. STREET ADDRESS (If rural, give location) 3744 Michigan	

3. NAME OF DECEASED (Type or Print) Frederick Scharpf			4. DATE OF DEATH (Month) (Day) (Year) Oct. 30, 1950			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 15, 1860	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Bldg. Repair	11. BIRTHPLACE (State or foreign country) Muehlbacher, Schwaben, Germany		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Christian Scharpf		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Sidonie Scharpf	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Fred C. Scharpf, 1210 N. Sappington Rd		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sclerotic Myocarditis	ANTECEDENT CAUSES Arterio Sclerosis			?
DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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) (COUNTY) (STATE)			

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H-22-1			
--	--	--	--	--	--

22. I hereby certify that I attended the deceased from **Sept 21, 1948**, to **Oct 30, 1950**, that I last saw the deceased alive on **Oct 30, 1950**, and that death occurred at **1:15 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE Frank J. Stamps	(Degree or title) M.D.	23b. ADDRESS 39249 Grand Blvd. St. Louis 18 Mo.	23c. DATE SIGNED 10/30/50
---------------------------------------	-------------------------------	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 11/2/50	24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory	24d. LOCATION (City, town, or county) (State) St. Louis Mo.		
--	--------------------------	--	--	--	--

DATE REC'D BY LOCAL REG. OCT 31 1950	REGISTRAR'S SIGNATURE J. B. Lasater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN FUNERAL HOME, 1936 St. Louis			
---	--	---	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. F. J. Stanze,
3924 So. Grand

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address 1936 St. Louis Ave

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.