

JUN 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18822

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3068</u>		Registrar's No. <u>1360</u>	
1. PLACE OF DEATH a. COUNTY <u>7218 SOUTH WEST AV.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>ST LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>MAPLEWOOD</u>		c. LENGTH OF STAY (in this place) <u>MO - 15 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MAPLEWOOD - 4544</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME - 7218 SOUTH WEST AV.</u>				d. STREET ADDRESS (If rural, give location) <u>7218 SOUTH WEST AV. -</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>CHARLES</u>		b. (Middle) <u>A.</u>		c. (Last) <u>SCHARR</u>	
4. DATE OF DEATH		(Month) <u>MAY</u>		(Day) <u>23</u>		(Year) <u>1952</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JUNE 2 1877</u>		9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CONDUCTOR (RETIRED)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>JOHN J. SCHARR -</u>		13b. MOTHER'S MAIDEN NAME <u>MARY C PAUL</u>		14. NAME OF HUSBAND OR WIFE <u>DELLA MARIE SCHARR (DECEASED)</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>709-10-1964</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS MARGARET A. SCHARR 7218 SOUTH WEST.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch. nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ch. myocarditis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>443 X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs.</u> <u>6 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?			
22. I hereby certify that I attended the deceased from <u>9-10-1940</u> to <u>5/23</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>5/23</u> , 19 <u>52</u> , and that death occurred at <u>4:10 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>J. Sterling M.D.</u>				23b. ADDRESS <u>Maplewood, Mo.</u>		23c. DATE SIGNED <u>5/24/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 26 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST MATTHEWS CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>	
DATE REC'D BY LOCAL REG <u>5-25-52</u>		REGISTRAR'S SIGNATURE <u>Newbert R. Donker M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>M. Croghan 7146 MANCHESTER AV.</u>			

S W (Licensed Embalmer's Statement on Reverse Side)

ST LOUIS MO -

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

Benjamin

Licensed Embalmer No. *4366*

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.