V.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 31 1953

State File No. 12272

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2847

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St, Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Alexian Bros

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St, Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 4057 Haven 2019

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): F
c. (Last): Scharpenburg

4. DATE OF DEATH (Month) (Day) (Year): 3-12-1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-10-1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 5, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R,R, Clerk Retired
10b. KIND OF BUSINESS OR INDUSTRY: RR Clerk
11. BIRTHPLACE (City and State or Foreign Country): St, Louis Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Wm Scharpenburg
13b. MOTHER'S MAIDEN NAME: M Stephans
14. NAME OF HUSBAND OR WIFE: Clara Moehlenhof Scharpenburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mattie Hildebrand 7212 Morgenford

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: Chronic

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Fracture R hip Mar 6, 53.

19a. DATE OF OPERATION: 3/11/53
19b. MAJOR FINDINGS OF OPERATION: Nailing of fracture R hip ood
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Fell in home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis E9030 Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Mar. 6, 53 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Fell to floor & fractured R hip

22. *I hereby certify that I attended the deceased from* 2/26/53, 19__, *to* Mar 12, 1953, *that I last saw the deceased alive on* Mar 12, 1953, *and that death occurred at* 6PM m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roy C Phillips MD
23b. ADDRESS: 7202 Morgan
23c. DATE SIGNED: 3/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3-16-1953
24c. NAME OF CEMETERY OR CREMATORY: Mount Hope Maus
24d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

DATE REC'D BY LOCAL REGISTRAR: MAR 16 1953
REGISTRAR'S SIGNATURE: J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: WINGBERMUEHLE 3819 S Grand Blvd.
E.O. (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 embalme

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed George J. Hingbermuelle

Licensed Embalmer No. 4617

P. Q. Address St Louis 189

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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