

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20196**

FILED MAY 28 1953

BIRTH NO. _____ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **546** Registrar's No. **1450**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Overland		c. CITY OR TOWN Overland	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 40 yrs		e. STREET ADDRESS (If rural, give location) 2427-Cass Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2427-Cass Avenue			

3. NAME OF DECEASED (Type or Print) Annie Scharffenberger	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) May 23 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 20, 1880	9. AGE (In years last birthday) 73	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) DeBaryviere, Tenn.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Edward Reece	13b. MOTHER'S MAIDEN NAME Elizabeth Gamble	14. NAME OF HUSBAND OR WIFE Robert T. Ded.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Bessie A. Ryan	ADDRESS 2427-Cass Ave-Overland, Mo.
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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 14 mths.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of colon		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153X		
19a. DATE OF OPERATION May 9, 1953		19b. MAJOR FINDINGS OF OPERATION Carcinoma of colon	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 WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 9, 1953**, to **May 23, 1953**, that I last saw the deceased alive on **May 23, 1953**, and that death occurred at **5 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE M. D. Biles (Degree or title)	23b. ADDRESS 8924 St. Charles St. St. Louis 14, Mo.	23c. DATE SIGNED 5/25/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-28-1953	24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery	24d. LOCATION (City, town, or county) (State) Pattonville, Mo.
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DATE REC'D BY LOCAL REG. 5-25-53	REGISTRAR'S SIGNATURE Hester R. Danks	25. FUNERAL DIRECTOR'S SIGNATURE Bannann Bros. Inc.	ADDRESS 2801-Woodson Rd-Overland-17-Mo.
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(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. 345 working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed David E. Gibson

Licensed Embalmer No. 345

P. O. Address Oakland

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.