

FILED MAY 6 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14056

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3789

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) 30 yrs  
c. CITY OR TOWN ST. LOUIS  
d. Is Residence within limits of a city or incorporated town? Yes  No   
d. FULL NAME OF HOSPITAL OR INSTITUTION 3966 CLEVELAND  
e. STREET ADDRESS (If rural, give location) 3966 CLEVELAND 2149

3. NAME OF DECEASED  
a. (First) JOSEPH b. (Middle) SCHERZINGER c. (Last) SCHERZINGER  
4. DATE OF DEATH (Month) (Day) (Year) APR 24-1954

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH AUG. 20-1873  
9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED BRUSH MAKER  
10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_  
11. BIRTHPLACE (City and State or Foreign Country) AUSTRIA-HUNGARY  
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME ANTON SCHERZINGER 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE MARGARET SCHERZINGER

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. 489-05-2147  
17. INFORMANT'S SIGNATURE OR NAME MARGARET SCHERZINGER ADDRESS 3911 CLEVELAND

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, asphyxia, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) My poor diet  
ANTECEDENT CAUSES (b) Arterio sclerosis  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) Hypertension  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH  
1 year  
2 years  
2 years

19a. DATE OF OPERATION NO  
19b. MAJOR FINDINGS OF OPERATION 443 X  
20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO  
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_  
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) H. I. I.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. \_\_\_\_\_  
21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Feb 10, 1953, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on May 19, 1953, and that death occurred at 11:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE Dr. W. R. Reber (Degree or title) 23b. ADDRESS MD 2840 California  
23c. DATE SIGNED 4/26/54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 4-27-54  
24c. NAME OF CEMETERY OR CREMATORY SS. PETER & PAUL 24d. LOCATION (City, town, or county) ST. LOUIS (State) MO

DATE REC'D BY LOCAL REG. APR 27 1954  
REGISTRAR'S SIGNATURE J. Carl Smith MD  
FEDERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Bates 2206 Seaview

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.....  
Signature of Student Embalmer

Signed *Leo Budde*.....  
Licensed Embalmer No. *39*.....

P. O. Address *St. Louis*.....

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.