FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 37280

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 10

**1. PLACE OF DEATH**
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (In this place): 10 days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Francis Hosp.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fornfelt
d. STREET ADDRESS (If rural, give location): Rural

**3. NAME OF DECEASED** (Type or Print)
a. (First): CLARA
b. (Middle): AMELIA
c. (Last): SCHERER

**4. DATE OF DEATH** (Month) (Day) (Year): Nov 17, 1956

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: July 18, 1888
**9. AGE** (In years last birthday): 68
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): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: _____
**11. BIRTHPLACE** (State or foreign country): Kelso, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Jacob Enderle
**13b. MOTHER'S MAIDEN NAME**: Sarah Kogel
**14. NAME OF HUSBAND OR WIFE**: Friedelin M. Scherer Sr.

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): _____
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: F. M. Scherer Sr.
**ADDRESS**: Fornfelt Mo.

## MEDICAL CERTIFICATION

**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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Myocordeal infraction — 15-20 hrs.
DUE TO (c) Arterio Scleratic Heart disease — Several Yrs.

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
Carcinoma of rectum invading bladder

**19a. DATE OF OPERATION**: _____
**19b. MAJOR FINDINGS OF OPERATION**: Bilateral Hydromphrosis and Hydeourety 4200H
**20. AUTOPSY?** YES ☒ NO ☐

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: _____

22. *I hereby certify that I attended the deceased from* Oct. _____, 1955, *to* 11/17/56, 19____, *that I last saw the deceased alive on* 11/17/56, 19____, *and that death occurred at* 7:30P.m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: O M Smith
**(Degree or title)**: MD
**23b. ADDRESS**: 1912 W. Broadway-Cape Girardeau
**23c. DATE SIGNED**: Mo. 11/20/56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 11-21-56
**24c. NAME OF CEMETERY OR CREMATORY**: St. Joseph's
**24d. LOCATION** (City, town, or county) (State): Illmo Missouri

**DATE REC'D BY LOCAL REG.**: 11-21-56
**REGISTRAR'S SIGNATURE**: C. C. Summers
**25. FUNERAL DIRECTOR'S SIGNATURE**: Bupling Roff Funeral Home
**ADDRESS**: Illmo, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48
0
44
0

## 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 Ollie P. Smith

Licensed Embalmer No. 4470

P. O. Address Illmo, Mo

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

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