

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027845

STATE FILE NUMBER

FILED JUL 21 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1873

S. 300
1-57

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, give TOWNSHIP only) OR TOWN NORMANDY		c. CITY OR TOWN Normandy	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 3527 Belaire Pl		d. STREET ADDRESS (If outside, give location) 3527 Belaire P	
3. NAME OF DECEASED (Type or print) First Arthur Middle C Last Scharf		4. DATE OF DEATH Month 7 Day 14 Year 58	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 11-30-1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		10b. KIND OF BUSINESS OR INDUSTRY Carter Cartographer	11. BIRTHPLACE (City and state or country) ST. LOUIS Mo
13a. FATHER'S NAME Emil Scharf		13b. MOTHER'S MAIDEN NAME Bertha Steinmeyer	
14. NAME OF HUSBAND OR WIFE ANNA		17. INFORMANT Edwin Scharf	
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. 489-05-0629	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis H. D. DUE TO (c) 4200		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) none	
20c. TIME OF INJURY Hour a.m. / p.m. none		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, factory, street, office, etc.) none		20f. CITY, TOWN, OR LOCATION ST. LOUIS	
21. I attended the deceased from May 2, 58 to July 14, 58 and last saw him alive on July 11, 58 Death occurred at 4:55 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE M. Stuehle M.D. (Degree or title)	
22b. ADDRESS 7124 Natural Bridge		22c. DATE SIGNED 7-15-58	
23a. BURIAL, CREMATION, EMOVAL (Specify) Burial	23b. DATE 7-17-58	23c. NAME OF CEMETERY OR CREMATORY Graves Park	23d. LOCATION (City, town, or county) (State) St. Louis Co Mo
24. FUNERAL DIRECTOR A. Krou		25. DATE RECD. BY LOCAL REG. 7-15-58	26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Herbert J. Cox Jr.*

Licensed Embalmer No. *4800*
P. O. Address *Hickwood 227*

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.