

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-019918

STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1373

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

BY AFFIDAVIT OF DOCUMENT

FILED MAY 22 1961

1. PLACE OF DEATH
 a. COUNTY Mo
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights Mo Length of stay in 1b 6-weeks
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Mary's Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Ills b. COUNTY Chicago c. CITY OR TOWN Chicago Ills Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 5240 Sheridan Rd Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Anne Middle Thierry Last Scherrer 4. DATE OF DEATH Month 5 Day 15 Year 61

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 6-4-1880 9. AGE (last birthday) 80 IF UNDER 1 YEAR Months Days IF UNDER 24 HR 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 Housewife 11. BIRTHPLACE (City and state or country) St Louis Mo 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Charles William Thierry 13b. MOTHER'S MAIDEN NAME Anna F. Rudolph 14. NAME OF HUSBAND OR WIFE John J. (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None 16. SOCIAL SECURITY NO. None 17. INFORMANT Charles P. Scherrer Address 12903 Topping Estate

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cerebral thrombosis
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis general
 DUE TO (c) estimated 20 yrs
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) fracture, rt. hip.
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 23, 1961 to May 15, 1961 and last saw her alive on May 15, 1961 Death occurred at 12:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ch. Bockelman M.D. 22b. ADDRESS 2615 Brentwood Blvd 22c. DATE SIGNED 5/16/61

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVED 23b. DATE 5-17-1961 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town or county) (State) St Louis Mo

24. FUNERAL DIRECTOR Arthur J. Donnelly ADDRESS 3840 Lindell Blvd 25. DATE RECD. BY LOCAL REG. 5-16-61 26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

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 Francis Williamson

Licensed Embalmer No. 2565
P. O. Address 3840 Lunde

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.