WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31591

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 8927

City St. Louis, Mo. (No. Lutheran Hospital St. ..... Ward)

2. FULL NAME Edward A. Scheer.

(a) Residence. No. 2722a Hickory St., 22 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 24 1913

7. AGE: 14 YEARS, 0 MONTHS, 11 DAYS. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Chouteau 104A 91A
(b) General nature of industry, business, or establishment in which employed (or employer): School 36
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

PARENTS
10. NAME OF FATHER: Edwin A. Scheer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.
12. MAIDEN NAME OF MOTHER: Mathilda Weidlich
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri

14. INFORMANT: Edwin A. Scheer
(Address) 2722a Hickory

15. FILED OCT -6 1927 Mayl C Starkloff REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 5th 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1927, to Oct 5th, 1927 that I last saw him alive on Oct 5th, 1927, and that death occurred, on the date stated above, at 7.30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Malignant Endocarditis acute
following Acute Rhinopharyngitis
nerve Diphtheritic Streptococcic (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY): Septicaemia Streptococcic (duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 2722a Hickory
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Blood Culture & Autopsy

(Signed) H C Klopper, M.D.
Oct 5, 1927 (Address) 3860 S. Broadway.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Trinity Lutheran
DATE OF BURIAL: Oct. 8 - 1927.

20. UNDERTAKER: Ziegenhein Bros. 2623
ADDRESS: Cherokee St.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 31591-27

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 8927

On this ..... day of ....., 195....., before me appears .....

....., who, upon ..... oath, states that the original record of ~~xxxx~~ death

for Charles B. Scheer ~~xxxx~~ died October 5, 1927, 19....., in the State of

Missouri, and which was filed at Jefferson City, Missouri on 10/6, 19..., 27 should be corrected as follows:

Item No. 2 should read Charles B. Scheer

Instead of Edward A. Scheer

Item No. ..... should read .....

Instead of This error was only recently discovered. The ~~regcords~~ records

Item No. ..... should read of this funeral home clearly show that the deceased's

Instead of name was Charles B. Scheer. The error was made by the funeral home in the preparation of the death certificate

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

By Wm Decker Treas

for Tiegenheim Bros + U Co

Affiant

Relationship.

469 Gravois Ave

Present Address.

Subscribed and sworn to before me this 22nd day of August, 1960

My Commission expires Nov. 9, 1962 Vail M. Sizemore Notary Public.

1. Affidavits containing erasures will not be accepted; draw one line through error and write above it.
2. An item already amended once by affidavit cannot be amended again by affidavit.
3. A surname is changed by court order or by adoption or legitimation procedures.

S-600

V. S. 460

S-31591