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

NOV 1 1928

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.

31539

1. PLACE OF DEATH
County St. Louis — Registration District No. 788
Township County — Primary Registration District No. 447
City Webster Grove (No. Berry Rd St. Ward)

File No.
Registered No. 89

2. FULL NAME Catherine Scheer
(a) Residence. No. Berry Rd St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 21-1860

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
67	11	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

PARENTS
10. NAME OF FATHER: Peter Sack
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Matilda Berger
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Mrs. Elizabeth Cullen
(Address) 3919 Blair

15. FILED 9-7, 1928 Arthur W Westrup REGISTRAR
per Edie Henson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/7 1928

17. I HEREBY CERTIFY, That I attended deceased from 9/5/28, 19, to 9/7, 1928 that I last saw her alive on 9/7, 1928, and that death occurred, on the date stated above, at 10.00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
46B Cancer of stomach
44A about (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) none
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings
(Signed) H. H. Cordey, M. D.
9/7, 1928 (Address) Webster Groves Mo

*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: New Pickets
DATE OF BURIAL: Sep 8 1928

20. UNDERTAKER: Edw. F. Howard
ADDRESS: 4212 St Louis Ave