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

Do not use this space.

38905

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 ..... Registered No. 11572

City St. Louis, (No. N.E. Broadway and Osage Street St. ..... Ward)

2. FULL NAME Oswald H. Scheer.

(a) Residence. No. 2229 Osage Street. St., 24 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 22. 1897.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
30	11	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Cigar-maker.
(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) Illinois.

PARENTS

10. NAME OF FATHER Robert Scheer.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany.

12. MAIDEN NAME OF MOTHER Catherine Weilbacher.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois.

14. INFORMANT O C Scheer
(Address) 5524 Oakley Av

15. FILED 27 1928 Max C Stankey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 26 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 2 1928, to Nov. 25 1928 that I last saw him alive on Nov. 25 1928, and that death occurred, on the date stated above, at 6 A.M. p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis, 93 C

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) NB

(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

Dec/xi, 1928 (Signed) Morgan S. Vitt, M.D.
(Address) 3772 So 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	DATE OF BURIAL
SS. Peter & Paul Cemetery	Nov. 30 1928

20. UNDERTAKER	ADDRESS
J N Gibbons L. and K. Co	2842 Meramec

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.