23 1929

95
2
2

46
1
10
10

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.
3258

1. PLACE OF DEATH STE. GENEVIEVE
County ..... Registration District No. 780 File No. .....
Township ..... Primary Registration District No. 4466 Registered No. 1
City Ste. Genevieve (No. ..... St. ..... Ward)

2. FULL NAME Anthony Scherer
(a) Residence. No. ..... 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 m
4. COLOR OR RACE w
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word). married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 2 1867

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
61	3	29	

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

9. BIRTHPLACE (CITY OR TOWN) Ste. Genevieve
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Joseph Scherer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Baden
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Baden
(STATE OR COUNTRY) Germany

14. INFORMANT Wm J. Scherer
(Address) Ste Genevieve Mo

15. FILED Jan 1 1929 T.W. Douglas
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 1 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1928, to Jan 1, 1929 that I last saw him alive on January 1, 1929, and that death occurred, on the date stated above, at 6 30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis.
(duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Myocarditis
(duration) yrs. 6 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? Urine Tests.
(Signed) Arthur E. Sexauer, M.D.
Jan 1, 1929 (Address) Ste Genevieve 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~~ Ste. Genevieve Mo
DATE OF BURIAL Jan 4 1929

20. UNDERTAKER John Basler Ste. Genevieve Mo
ADDRESS