

WHITE PAPER, 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.

**MAY 28 1930**

13901

**1. PLACE OF DEATH**

County St. Louis

Registration District No. 720

Township Central

Primary Registration District No. 6033

City Clayton Mo.

(No. 625, Boland Pl.)

File No. ....

Registered No. ....

St. .... Ward)

**2. FULL NAME**

Emma C. Scherrer

(a) Residence. No. 625 Boland Pl. 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)**

Married

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

Henry J. Scherrer.

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Nov 1 1872

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
57	5	25	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

Franklin Co.

(STATE OR COUNTRY)

Missouri

**10. NAME OF FATHER**

Jos. C. Spalding

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Tennessee

**12. MAIDEN NAME OF MOTHER**

Margaret Williams

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Tennessee

**14.**

INFORMANT Mr. Henry J. Scherrer

(Address) 625 Boland Place

**15.**

FILED 3028 1930 R. W. Ouellet

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** April 26 1930

**17. I HEREBY CERTIFY, That I attended deceased from** April, 1927, to Apr 26, 1930 that I last saw him alive on Apr 24, 1930, and that death occurred, on the date stated above, at 3 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

General Carcinoma  
Secondary to  
Carcinoma of breast  
30 E (duration) 15 yrs. .... mos. .... ds.

**CONTRIBUTORY (SECONDARY)** 47 (duration) .... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

**3** DID AN OPERATION PRECEDE DEATH? DATE OF Apr 1927

WAS THERE AN AUTOPSY?

**WHAT TEST CONFIRMED DIAGNOSIS**

(Signed) Seramellis M. D.

4/26 1930 (Address) 2743 N. Grand Blvd

\*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**

Valhalla Cemetery

4-28 1930

**20. UNDERTAKER**

**ADDRESS**

Geo. L. Pleitch

5966 Eastern

W. J. ...

2743 No. ...

12 ...

London 9876

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