NOV 28 1930

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

Do not use this space.

1. PLACE OF DEATH
County: St Genevieve — Registration District No. 780 — File No. 33956
Township: — Primary Registration District No. 4466 — Registered No. 58
City: St Genevieve (No. ..... St. ..... Ward)

2. FULL NAME: Martin Scherer
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 8 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): Singel
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 12 - 1862
7. AGE: Years 68, Months 11, Days 12 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED: Retreat Labor
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN): River Aux Vases
(STATE OR COUNTRY): St Genevieve County Mo

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

14. INFORMANT: Thersia Harth
(Address): St Louis Mo
15. FILED: Oct 26, 1930 T. W. Douglas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 24 1930
17. I HEREBY CERTIFY, That I attended deceased from April 25, 1929, to Oct. 24, 1930 that I last saw him alive on Oct. 23, 1930, and that death occurred, on the date stated above, at 5:00 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Encrustated cystitis —
133 B
135 B
137 B (duration) 3 yrs. mos. ds.
CONTRIBUTORY (SECONDARY): pyelonephrosis + Uraemia (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
(Signed) R. C. Lanning, M. D.
10/26, 1930 (Address) St. 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: Vallespring Cemetery — DATE OF BURIAL: Oct 27 1930
20. UNDERTAKER: John Basler St Genevieve Mo — ADDRESS

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.