

NOV 28 1930

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

Do not use this space.

34038

1. PLACE OF DEATH

County St. Louis
Township Central
City St. Louis (No. 6825)

Registration District No. 789
Primary Registration District No. 6033 B

File No. _____
Registered No. 284 Ward _____

2. FULL NAME

Mrs. Vitalina Scheer

(a) Residence. No. 6825 Natural Bridge Ward. East St. Louis Ill
(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

5 MEDICAL CERTIFICATE OF DEATH

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

AUGUST SCHEER

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

Dec 14 1844

7. AGE

YEARS MONTHS DAYS
85 9 21
If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work AT HOME

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

ST. CLAIR CO

(STATE OR COUNTRY)

ILLINOIS

10. NAME OF FATHER

NICHOLAS LEONARD

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

FRANCE

12. MAIDEN NAME OF MOTHER

FLORENE DECHENNE

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

FRANCE

14. INFORMANT

August Scheer

(Address)

EAST ST LOUIS, ILL

15. FILED

10/19/30 Walter Bruce M.D. REGISTRAR

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

October 5 1930

17.

I HEREBY CERTIFY, That I attended deceased from July 24, 1930 to October 5, 1930 that I last saw her alive on October 4, 1930, and that death occurred, on the date stated above, at 11 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chry Int nephritis?
Arterio Sclerosis? Chr
Arthritic deformans - General
Extreme senility (duration) yrs. mos. ds.
Senile dementia 1 yr

CONTRIBUTORY (SECONDARY)

Anemia (duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? none

WHAT TEST CONFIRMED DIAGNOSIS

Clinical & Lab

(Signed) Luke B. Sherman, M.D.

10/6 . 19 30 (Address) 3718 Jennings Rd

*State the DISEASE CAUSING DEATH, or 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

St. Clare Memorial Cem
EAST ST. LOUIS, ILL

Oct. 7 1930

20. UNDERTAKER

ADDRESS

Harris Undertaker Co
2515 State
St. Louis, Ill

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

