

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

Do not use this space.

16311

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis, Mo.

(No. 6437, SMILIE AVE)

File No.

Registered No. 4803

St. Ward

2. FULL NAME MARY SCHARRINGHAUSEN

(a) Residence. No. 6437 SMILIE AVE, St. 3 Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) MARRIED

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-20-1931

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

17. I HEREBY CERTIFY, That I attended deceased from April 18, 1931, to April 21, 1931 that I last saw h. u. alive on April 21, 1931, and that death occurred, on the date stated above, at 8 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) DEC. 23 1867

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>63</u>	<u>3</u>	<u>28</u>	

Paralytic Stroke Apoplectic (Complete Right side)
107 (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work HOUSEWIFE 29th
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

CONTRIBUTORY (SECONDARY) Hypertension
(duration) 2 yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 6437 Smiley

10. NAME OF FATHER John Holland

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

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

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Not known

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) PA Cappel, M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

. 19 (Address) 3239 Ivanhoe

14. INFORMANT Gus. Scharringhausen
(Address) 6437 SMILIE AVE

*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.

15. FILED APR 22 1931 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL NEW ST. MARCUS CEM. DATE OF BURIAL April 22 1931

20. UNDERTAKER CROGAN UND. CO. INC. ADDRESS 7146 MANCHESTER AV.

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.

