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

Do not use this space.

19198

1. PLACE OF DEATH
County St. Louis — Registration District No. 789
Township Central — Primary Registration District No. 603303
City Pine Lawn (No. 6816 Natural Bridge Rd St. Ward)
File No.
Registered No. 187

2. FULL NAME Mae Scheer
(a) Residence. No. 6816 Natural Bridge Rd Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

JUN 29 1931

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
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 Herman H. Scheer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 16 - 1898

7. AGE: Years 33 — Months 1 — Days 12 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Stenographer 255
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New bedford
(STATE OR COUNTRY) Mass

PARENTS
10. NAME OF FATHER Clifford Lussier
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) France
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) France

14. INFORMANT Herman H Scheer
(Address) 6816 Nat. Bridge

15. FILED 5/29, 1931 Della Bracy, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/28 1931

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 11:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
11515 Trenchmouth.
44 C (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Septicemia (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Pine Lawn, Mo.
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Medical History
(Signed) John O'Connell, M.D.
5/29, 1931 (Address) Coroner of St. Louis County

*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: Los Angeles, Calif
DATE OF BURIAL: May 30 1931

20. UNDERTAKER: L. B. Tanner
ADDRESS: 6107 Natural Bridge Rd