

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. 781

Township.....

Primary Registration District No. 100

City St. Louis

(No. 1136 7/2 Euclide Dr.)

File No. 20102  
Registered No. 6131  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Wilhelmina Scherer  
(a) Residence. No. 1136 7/2 Euclide St. 17 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**

**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**

William Scherer

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

July 5 1847

**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

83

10

25

**8. OCCUPATION OF DECEASED**

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

None.

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

(c) Name of employer

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

(STATE OR COUNTRY)

Germany. 10

**10. NAME OF FATHER**

Andreas Schoeri

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

(STATE OR COUNTRY)

Germany

**12. MAIDEN NAME OF MOTHER**

Not known

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

(STATE OR COUNTRY)

Germany.

**14.**

INFORMANT

(Address)

Wm. Schoeri  
3432 Illinois Dr

**15.**

FILED

19

Wm. A. Starck  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2

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

May 31 1931

**17.**

I HEREBY CERTIFY, That I attended deceased from Jan 15 1931 to May 31 1931, and that I last saw h. & a. alive on May 31 1931, and that death occurred, on the date stated above, at 5:40 pm.

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

50 Cancer of breast  
11.2

**CONTRIBUTORY (SECONDARY)**

Anemia

(duration) 2 yrs. 6 mos. — ds.

(duration) 2 yrs. — mos. — ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

**17. DID AN OPERATION PRECEDE DEATH..... DATE OF.....**

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Theo W. Combs M. D.

June 1, 1931 (Address) 5043 Vernon

\*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

Bethania

June 3 1931

**20. UNDERTAKER**

ADDRESS

Wm. F. Paschedag

2926 No Second St

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.

