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.

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

Do not use this space.

14537

File No.

Registered No. 3923

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St Louis (No. 3400 Winnebago St. Ward)

2. FULL NAME Joseph F. Schermen

(a) Residence, No. 3400 Winnebago St., 16 Ward.
(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

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~: Catherine Schermen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 1-1868

7. AGE: YEARS 63 MONTHS 8 DAYS 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sargaent Police

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year): 1930

11. Total time (years) spent in this occupation: 35 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo.

FATHER

13. NAME: Frank Schermen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bohemia

MOTHER

15. MAIDEN NAME: Mary Latin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bohemia

17. INFORMANT (ADDRESS): Mrs Catherine Schermen 3400 Winnebago St

18. BURIAL, CREMATION, OR REMOVAL PLACE: New S S Peter & Paul DATE: Apr-22, 1932

19. UNDERTAKER (ADDRESS): Peltz Bros 3029 Lafayette Ave

20. FILED: APR 21 1932 Max C. Harkley Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1932, to April 19, 1932

I last saw him alive on 4-19-, 1932. Death is said to have occurred on the date stated above, at 9 40 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 4-17-32

131
93C
73A
0

131

Other contributory causes of importance:

Chronic Myocarditis
Chronic Nephritis

Name of operation: No Date of

What test confirmed diagnosis? Finding Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph Backlund, M. D.

(Address) 4700 Gravois

Dr. Jos. Breider.
470 [illegible]