

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.

100M-11-24-33

JAN 14 1935

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

Do not use this space.

44514

1. PLACE OF DEATH

County..... Registration District No. 801
Township..... Primary Registration District No. 1000
City St Louis Mo (No. 3006, Pennsylvania Ave St. Ward)

File No.
Registered No. 11621

2. FULL NAME

(a) Residence, No. 3006 Pennsylvania 24 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 25th 1864</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>7</u>	DAYS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>9</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
13. NAME <u>Bernard Scheer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Mary Saller</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Ans Scheer</u>		
18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) <u>3006 Pennsylvania Ave</u>		
PLACE <u>St Peter & Paul</u> DATE <u>Dec 7th</u> 19 <u>34</u>		
19. UNDERTAKER <u>J. H. Glickman & Co. W. P.</u>		
(ADDRESS) <u>2630 Gravois Ave</u>		
20. FILED <u>1004</u> 19 <u>34</u>		
REGISTRAR <u>J. F. Bredich</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 6:45 mP.
The principal cause of death and related causes of importance were as follows:
Date of onset

Strangulation due to hanging by rope at residence, Dec. 5, 1934, at about 6:45 P.M., while suffering from temporary mental aberration.

Other contributory causes of importance:
163
84
165

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 12/5, 1934
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home

Manner of injury Hanging
Nature of injury Strangulation

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) Harold A. Kelly M.D.
(Address) 146 34th

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 10/15/2003 BY SP-6 [redacted]

REASON FOR DECLASSIFICATION

1.5X DOWNGRADING

EXEMPT FROM AUTOMATIC DOWNGRADING