NOV 9 1935

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

791

Do not use this space.

31419

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 8263

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis Mo. (No. De Paul Hospital St. ..... Ward)

2. FULL NAME Frances E. Scherr

(a) Residence, No. 6976 Pernod av 9 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26-1882

7. AGE: YEARS 53 | MONTHS 4 | DAYS 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supervisor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Telephone Co.
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) Mo

FATHER

13. NAME Henry F. Scherr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Annie J Morrison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Annie Shotwell 6976 Pernod

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine Cem. DATE October 2 1935

19. UNDERTAKER (ADDRESS) E. J. Schnur 3125 Lafayette av.

20. FILED OCT -2 1935 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1933 19.. to Sept. 29, 1935

I last saw her alive on Sept. 29, 1935. Death is said to have occurred on the date stated above, at 9.10 p.m.

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

	Date of onset
Coronary Thrombosis.	9/29/35

Other contributory causes of importance: 94 B

Name of operation ..... Date of .....

What test confirmed diagnosis? phys. exam. Was there an autopsy? yes.

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) J. B. Flavan, M. D.

(Address) 1114 Mo. Bldg.

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.