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.

MAR 25 1936

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

Do not use this space.

7492

File No. ____
Registered No. 12

1. PLACE OF DEATH
County St. Louis
Township Jefferson
City Maplewood (No. ____, ____ St. ____ Ward)

Registration District No. 586
Primary Registration District No. 14469

2. FULL NAME Mary C. F. Scharr
(a) Residence, No. 7118a Southwest St., ____ 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: 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 John Jacob Scharr.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1847

7. AGE: Years 88 | Months 6 | Days 20 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____
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) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER
13. NAME Frederic Paul
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Jacob Scharr
(ADDRESS) 7118a Southwest Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Matthews Cem DATE 2/19, 1936

19. UNDERTAKER Cropham Und. Co. Inc.
(ADDRESS) 7146 Manchester Ave.

20. FILED Mar 10, 1936 Pauline Breitenstein
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jul 14, 1935, to Feb 16, 1936
I last saw h. alive on Feb 16, 1936. Death is said to have occurred on the date stated above, at 11 30 A.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 5 days

Other contributory causes of importance:
General Arteriosclerosis

Name of operation — Date of —
What test confirmed diagnosis? Physical findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury —, 19____
Where did injury occur? no
(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? ____
If so, specify ____
(Signed) Vincent Townsend, M. D.
(Address) 3101 a Sutton Ave
Maplewood Mo