

MAY 7 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

Do not use this space.

17165

1. PLACE OF DEATH

County Registration District No. 1003
Township Primary Registration District No.
City *St. Louis* (No. *3625*, *Oak Hill*) St. Ward.

File No. 3927

Registered No. St. Ward)

2. FULL NAME

(a) Residence, No. *3625 Oak Hill* 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 *Elizabeth Scherer*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 26, 1875*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 4 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Treasurer*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Paper Christian Tobacco*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) *St. Louis* (STATE OR COUNTRY) *Missouri*13. NAME *William Scherer*14. BIRTHPLACE (CITY OR TOWN) *Germany* (STATE OR COUNTRY)15. MAIDEN NAME *Elizabeth Huber*16. BIRTHPLACE (CITY OR TOWN) *Germany* (STATE OR COUNTRY)17. INFORMANT *Elizabeth Scherer* (ADDRESS) *3625 Oak Hill Ave*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Secret Burial Pl.* DATE *4/11/36* 1919. UNDERTAKER *Carroll Hoffmeister and Co.* (ADDRESS) *4411 Broadway St.*20. FILE *APR 10 1936* *J. W. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 8* 193622. I HEREBY CERTIFY, That I attended deceased from *April 7* 1936 to *April 8* 1936I last saw him alive on *April 7* 1936 Death is said to have occurred on the date stated above, at *8* m.

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

Cerebral Thrombosis

Date of onset

Other contributory causes of importance:

*Chronic myocarditis and Hypertension*Name of operation *none* Date ofWhat test confirmed diagnosis? *graph* 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

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

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

Manner of injury *Home*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *S. W. Hays* M. D.(Address) *305 S. 1st St. St. Louis, Mo.*

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.

