

JUN 25 1936

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

Do not use this space.

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File No. _____
Registered No. 6208
St. _____ Ward)

1. PLACE OF DEATH

County _____
Township _____
City *St Louis* (No. *15 3090*)

Registration District No. _____
Primary Registration District No. *3rd St*

2. FULL NAME

Edward Schergens

(a) Residence, No. *2519* St. *East* Ward *10th*

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 20 1872*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 3 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Meat Cutter*

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) *St Louis Missouri*

13. NAME *Mr Schergens*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

15. MAIDEN NAME *Isabelle unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

17. INFORMANT *Steph Infants* (ADDRESS) *City*

18. BURIAL CREMATION OR REMOVAL PLACE *St Louis* DATE *June 20 1936*

19. UNDERTAKER *Southwest & Hochstet* (ADDRESS) *222 S. 1st Ave*

20. FILED *J. T. Bredeck* Registrar. JUN 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6/16/36*

22. I HEREBY CERTIFY, That I attended deceased from *5/31*, 19*36*, to *6/16/36*, 19*36*. I last saw him alive on *6/16/36*. Death is said to have occurred on the date stated above, at *10:42* a.m.

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

Other contributory causes of importance: *Yield*

Name of operation *Colestomy* 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? _____ 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? _____
If so, specify *C. P. Shirley* (Signed) _____, M. D.
(Address) *City St Louis*

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.

undertaker states family does not know deceased mothers maiden name

