

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 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City *St. Louis*

(No. *Bethesda Hosp*)

File No. 8643

Registered No. 2173

St. ....

Ward)

2. FULL NAME

(a) Residence, No. *4628 Michigan av* 15. Ward. (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 *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 16<sup>th</sup> 1851*

7. AGE YEARS *86* MONTHS *0* DAYS *2* IF LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) *Hamburg* (STATE OR COUNTRY) *no. 10*

13. NAME *Valentine Scherer*

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

15. MAIDEN NAME *Veronica Heiserer*

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

17. INFORMANT *Henry High* (ADDRESS) *4628 Michigan Ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *Feb. 22<sup>nd</sup>* 1937

19. UNDERTAKER *W. Schumacher* (ADDRESS) *3013 Winance St.*

20. FILED *FEB 20 1937* 19 *St Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 18 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 1 -* 19*35*, to *Feb 18*, 1937.

I last saw her alive on *2/17*, 1937. Death is said to have occurred on the date stated above, at *11:20 a. m.*

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

*diabetes with gangrene.*

Other contributory causes of importance: *Senility*

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

What test confirmed diagnosis?..... Was there an autopsy?.....

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.....

(Signed) *Dr. K. B. ...* M. D. (Address) *7840<sup>a</sup> California av*

899

