JUN 12 1937

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

Do not use this space.

File No. 17973
Registered No. 4549

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis, (No. ~~2317 XXXXX Fourth St.~~ en route City Hosp. #1 St. ..... Ward)

2. FULL NAME George Scharpenburg

(a) Residence, No. 2317 So. Fourth St., 23 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male,	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 25th 1884.

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk
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) St. Louis, (STATE OR COUNTRY) Mo.

FATHER

13. NAME John Scharpenburg.
14. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Mo.

17. INFORMANT George Scharpenburg (son)
(ADDRESS) 2847a So. Fourth St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus Cemetery May 3, 1937

19. UNDERTAKER Ziegenhein Bros.
(ADDRESS) 2623 Cherokee St.

20. FILED MAY 3 - 1937 J. J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29th, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to .....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4.30m. PM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Hypertrophy;	
Chronic Glomerular Nephritis.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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?
If so, specify
(Signed) Albert Perry M. D.
(Address) Deputy Coroner

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.

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