

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**JUN 18 1937**

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

Do not use this space.

19966

1. PLACE OF DEATH  
 36 County Franklin Registration District No. 297 File No. 19966  
 87 Township Washington Primary Registration District No. 3016 Registered No. 43  
 City Washington Mo (No. ....) St. .... Ward)

2. FULL NAME Alma Rosa Scharfenberg  
 (a) Residence, No. 205 West 3rd Str Washington Mo  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 28 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6th-1900

7. AGE 36 YEARS 11 MONTHS 13 DAYS If LESS than 1 day, .... hrs. or .... min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book keeper  
 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) Union, Franklin County  
 (STATE OR COUNTRY) Missouri

FATHER  
 13. NAME Joseph Scharfenberg  
 14. BIRTHPLACE (CITY OR TOWN) Union Mo  
 (STATE OR COUNTRY)

MOTHER  
 15. MAIDEN NAME Anna E. Steutermann  
 16. BIRTHPLACE (CITY OR TOWN) Washington Mo  
 (STATE OR COUNTRY)

17. INFORMANT Mrs Joe Scharfenberg  
 (ADDRESS) 205 West 3rd Str Washington Mo.

18. BURIAL, CREMATION, OR REMOVAL Catholic Cemetery  
 PLACE Washington Mo DATE May 28 at 37.19

19. UNDERTAKER Otto & Co  
 (ADDRESS) Washington Mo

20. FILED May 20 1937 H. U. May  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 1937

22. I HEREBY CERTIFY, That I attended deceased from Joe 6, 1937 May 19 1937  
 I last saw her alive on May 19 1937 Death is said to have occurred on the date stated above, at 3:15 A.m.  
 The principal cause of death and related causes of importance were as follows:  
Tuberculosis of lungs, Chronic Date of onset 1935

Other contributory causes of importance:  
Deflection

Name of operation None Date of Joe 6 1935  
 What test confirmed diagnosis Physical 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? No  
 If so, specify .....  
 (Signed) R. R. Cretler, M. D.  
 (Address) Washington Mo.

