

JUN 28 1937

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

Do not use this space.

21204

1. PLACE OF DEATH
 94 County St. Francois Registration District No. 773 File No. _____
 Township St. Francois Primary Registration District No. 6018A Registered No. 88
 Near City Farmington, Mo. (No. H) St. _____ Ward _____
 2. FULL NAME Louis Scheer
 (a) Residence, No. New Haven, Mo. St. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elvina Scheer (Bebemeyer)
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
66 11 9
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
 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) Franklin County Missouri
 MOTHER 13. NAME Hy. Scheer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Vogt
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT Hospital Records (ADDRESS) Farmington, Mo.
 18. BURIAL, CREMATION OR REMOVAL PLACE New Haven, Mo. DATE May 18, 1937
 19. UNDERTAKER E. C. Futig & Son (ADDRESS) New Haven, Mo.
 20. FILED May 16, 1937 J. J. Robinson Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1937
 22. I HEREBY CERTIFY, That I attended deceased from 4-28-, 1937, to 5-16-, 1937
 I last saw him alive on 5-15-, 1937 Death is said to have occurred on the date stated above, at 11 A. m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy (Cerebral) Date of onset 5-16-37
Generalized cerebral arteriosclerosis
 Other contributory causes of importance:
Generalized cerebral arteriosclerosis
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? W
 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 Paul J. Schradin M.D.
 (Signed) Farmington, Mo., M. D.
 (Address) _____

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.

