

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32771

Do not use this space.

8825

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City St. Louis (d) Street No. St. John's Hospital St. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Della Marie Scharr

(a) Residence, No. Hotel Claridge St. 21 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles A. Scharr
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1882

7. AGE YEARS 55 MONTHS 2 DAYS 28 If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as 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.

13. NAME Richard B. Barker

14. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY)

15. MAIDEN NAME Della Marie O'Neill

16. BIRTHPLACE (CITY OR TOWN) New Orleans (STATE OR COUNTRY) La.

17. INFORMANT Mr. Chas. A. Scharr (ADDRESS) Hotel Claridge

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Sept. 23, 1937

19. FUNERAL DIRECTOR Arthur J. Donnelly Undt. (ADDRESS) 3840 Lindell Blvd.

20. SEP 22 1937 St. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 17 1937 to Sept 21 1937
 I last saw him alive on Sept 21 1937 Death is said to have occurred on the date stated above, at 12:40 PM.
 The principal cause of death and related causes of importance were as follows:

Cancer of Leg maid
(large tumor)

Date of onset

1 yr.

Other contributory causes of importance:

Acute Peritonitis from perforation of above

10 days

Name of operation Splenectomy Date of 7/18/37

What test confirmed diagnosis? microscopic 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? No

Co op. specify

(Signed) John M. W. Deane M. D.

(Address) 896 Metropolitan Bldg.

4007 Eastern Ave.
COLUMBIA, MISSOURI 64103

STATEMENT BY LICENSED EMBALMER

I, W.H. Van Matre, Licensed Embalmer No. 2825

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed W.H. Van Matre

Licensed Embalmer No. 2825

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)