

REC'D APR 7 1938

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

10683
Do not use this space.

1. PLACE OF DEATH
(a) County Franklin Registration District No. 300-296
(b) Township Union Primary Registration District No. 5-417
(c) City _____ (d) Street No. _____ Registered No. 3
(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. 6 00

2. PRINT FULL NAME Katherine M. Scheer
(a) Residence, No. Franklin Co. mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Louis N. Scheer (Dea)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23, 1854

7. AGE YEARS 83 MONTHS 4 DAYS 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework

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) (STATE OR COUNTRY) New Haven Mo. 0

13. NAME Herman Obermueller. 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

15. MAIDEN NAME Anna M. Schlechtbaber

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

17. INFORMANT Anna K. Scheer. (ADDRESS) Beaufort Mo.

18. BURIAL, CREMATION, OR REMOVAL Beaufort Suth Cem. DATE Feb 25 1938

19. FUNERAL DIRECTOR E. H. Gemme (ADDRESS) Beaufort Mo.

20. FILED 2/22 19 A. L. Matthews Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1937 to Feb 22 1938
I last saw her alive on Feb 22 1938. Death is said to have occurred on the date stated above, at 10:40 A.M.
The principal cause of death and related causes of importance were as follows:
Chronic Cardiac-renal disease
Date of onset Feb 1937

Other contributory causes of importance: _____

Name of operation None Date of _____
What test confirmed diagnosis? _____ 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) A. L. Matthews, M. D.
(Address) Beaufort Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, E H Lemme, Licensed Embalmer No. 3076

hereby certify that the body recorded on the reverse side of this certificate was embalmed by E H Lemme

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed E H Lemme

Licensed Embalmer No. 3076

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.)