

RECD OCT 6 1938

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

32163
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 297
 (b) Township _____ Primary Registration District No. 3016 Registered No. 81
 (c) City Washington (d) Street No. St. Francis Hospital 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

(a) Residence, No. B. Mary Scheer (unmarried) 602
9th & 14th - Washington, Mo (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) still born

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. - 13 - 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
Y ✓ still born

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. child
 9. Industry or business in which work was done, as saw mill, bank, etc. child
 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) Washington Mo.

FATHER 13. NAME Oswald Scheer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Mo.

MOTHER 15. MAIDEN NAME Laura Dobsch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Mo.

17. INFORMANT (ADDRESS) Oswald Scheer Washington Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE 9-13-38 Washington Mo.

19. FUNERAL DIRECTOR (ADDRESS) Otto & Co Washington

20. FILED Sept. 13 - 1938 W. H. May Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 13 1938 to Sept 13 1938
 I last saw h. still born alive on _____, 19____. Death is said to have occurred on the date stated above, at Washington Mo.

The principal cause of death and related causes of importance were as follows:

Stillborn Date of onset Post
know

Other contributory causes of importance: Post
know

Name of operation Public Union Date of Sept 15 38

What test confirmed diagnosis? Clinical 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. Cottle, M. D.

(Address) Washington 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, _____, Licensed Embalmer No. _____

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

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)