

V 18 1938
 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.

DEC 8 1938

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

40347
 Do not use this space.

1. PLACE OF DEATH

(a) County Harrison Registration District No. 284
 (b) Township Clinton Primary Registration District No. 284
 (c) City Clinton (d) Street No. 99 1/2 Olive St. Rd. Registered No. 1880
 (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. 149 1/2 Olive St. Rd. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12 - 1860

7. AGE YEARS 78 MONTHS 6 DAYS 14 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Owner & Prop. Chr. Valentin's business
 9. Industry or business in which work was done, as saw mill, bank, etc. Grocery Tavern (mitel Reingeltes)
 10. Date deceased last worked at this occupation (month and year) 1924 11. Total time (years) spent in this occupation 42

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

FATHER
 13. NAME Alex. Scherman

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

MOTHER
 15. MAIDEN NAME Mary Unknown

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

17. INFORMANT (ADDRESS) Harry Scherman 144 7A Blvd

18. BURIAL CREMATION, OR REMOVAL Memorial Park DATE Nov 19 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. T. Smith 1225 Union Blvd

20. FILED NOV 18 1938 R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16 38

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at m.

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

acute Bronchopneumonia 16th.
 Other contributory causes of importance: 92

Name of operation Date of
 What test confirmed diagnosis? Smear, etc. 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
 If so, specify

(Signed) John J. Cornwell M. D.
 (Address) 18385 Rockland Pl Overland, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

BERNARD A. STUART, or by

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

Signed

Bernard A. Stuart

Licensed Embalmer No.

3500

P. O. Address

5318 Bartme

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.)

If this body is not embalmed, above space should be left blank.