

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

4726
Do not use this space.

1. PLACE OF BIRTH 13 1939 791
1008

(a) County..... Registration District No.....

(b) Township..... Primary Registration District No.....

(c) City St. Louis. (d) Street No. 6716 Bradley Ave. 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 Anna Scheer

(a) Residence, No. 6716 Bradley Ave. St. 3 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John A. Scheer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 31, 1892</u>		
7. AGE	YEARS <u>46</u>	MONTHS <u>1</u>
	DAYS <u>13</u>	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>At home</u>
	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, Mo.
(STATE OR COUNTRY)

FATHER 13. NAME Frank Raffelr

FATHER 14. BIRTHPLACE (CITY OR TOWN) Austria
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Dont Know.

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Dont Know.
(STATE OR COUNTRY)

17. INFORMANT John A. Scheer
(ADDRESS) 6716 Bradley Ave.

18. BURIAL, CREMATION, OR REMOVAL
Sunset Burial Park DATE Feb. 16, 1939.

19. FUNERAL DIRECTOR (NAME) J. H. Eubank, S. & Co.
(ADDRESS) 2630 Gravois Ave.

20. FILE FEB 14 1939 J. B. Budick
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 12 1939 to 2/12 1939

Last saw her alive on 2/12/39, 19..... Death is said

to have occurred on the date stated above, at 5:30 A. M.

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

General Anesthetics
Following op
Left nipple

Other contributory causes of importance:

Name of operation Removal of breast Date of 1939
What test confirmed diagnosis Microscope 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?.....
If so, specify.....
(Signed) Joseph L. Jensen M. D.
(Address) 4209 Olive St.

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Herman A. Gebken*

Licensed Embalmer No. 2120
2842 Meramec St.
P. O. Address St. Louis, Mo.

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.