

REC'D JUN 19 1939

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

18896
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township Galena Primary Registration District No. 2002 Registered No. _____
(c) City Joplin or _____ (d) Street No. Freeman 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

Louisa Scherer
(a) Residence, No. 715 Empire St. (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 Hugo

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
65 9 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Herman, Mo (STATE OR COUNTRY) 0

FATHER 13. NAME Andrew Loeb 0

14. BIRTHPLACE (CITY OR TOWN) Herman, Mo (STATE OR COUNTRY) 0

MOTHER 15. MAIDEN NAME Louisa Kolling

16. BIRTHPLACE (CITY OR TOWN) Herman, Mo (STATE OR COUNTRY)

17. INFORMANT Hugo Scherer (ADDRESS) Joplin, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Herman, Mo DATE May 31st 1939

19. FUNERAL DIRECTOR (NAME) Thornhill-Dillon (ADDRESS) Joplin, Mo

20. FILED 5-29-39 Ed D. Scherer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1939 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1939, to May 28, 1939
I last saw him alive on May 27, 1939. Death is said to have occurred on the date stated above, at 12:30 AM.
The principal cause of death and related causes of importance were as follows:

Septicemia Date of onset May 14
Fracture femur, left unknown (about April 1st?)

Other contributory causes of importance: Carcinoma of cervix 1914

Name of operation open fixation Date of May 1/39
What test confirmed diagnosis X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury unknown about 2-1-39
Where did injury occur? unknown (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fracture left femur
Nature of injury "

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) S. A. Grantham, M. D.
372 (Address) 1150 1/2 St. Joplin

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.

RECEIVED

District Health Officer No. 6,

District File No. 6-6-39-1283

Date Filed JUN 9 1939

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..... *David Dillon*

Licensed Embalmer No. 3898

P. O. Address..... *Joplin, 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.