

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.

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH791  
1003

Do not use this space.

24021

DEC'D AUG 17 1939

## 1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis, Mo.(No. St. Louis Maternity Hospital St. .... Ward)

File No.....

Registered No.....

6294

2. FULL NAME Marcella Sherer(a) Residence, No. 4666a Rosa Avenue St. .... Ward. ....  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19, 1918

7. AGE

YEARS 20MONTHS 6DAYS 27

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

nil.

9. Industry or business in which work was done, as silk mill, 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, Missouri  
(STATE OR COUNTRY)

MOTHER FATHER

13. NAME Sherer, Elmer14. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.  
(STATE OR COUNTRY)15. MAIDEN NAME Katherine Nugent16. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.  
(STATE OR COUNTRY)17. INFORMANT Elmer Sherer(ADDRESS) 4666a Rosa

18. BURIAL, CREMATION, OR REMOVAL

PLACE San Got BurialDATE 7-1919. UNDERTAKER Southern(ADDRESS) 6322 So. Grand

20. FILE

JUL 17 1939Registrar. J. F. Bledsoe

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 193922. I HEREBY CERTIFY, That I attended deceased from May 17, 1939, to July 16, 1939I last saw her alive on July 16, 1939. Death is saidto have occurred on the date stated above, at 5:52 a.m.

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

Rheumatic heart disease with mitral stenosis

Date of onset

Other contributory causes of importance:

puerperal cardiac collapseName of operation Cesarean operation Date of July 19What 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?

If so, specify —(Signed) E. H. Sieber, M. D.(Address) St. Louis Maternity Hosp.

Grand Ludwig # 2504

Embarked 6322 St. Louis Bldg

St. Louis, Mo.

Katharine Wagent  
St. Louis, Mo.