13

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 40734

Registration District No. 187 Primary Registration District No. 101 Registrar's No. 1987

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hrs. (Specify whether years, months or days)

In this community 25 yrs.

**2. USUAL RESIDENCE OF DEACESED:**

(a) State Missouri (b) County St. Louis

(c) City or town West Mattese (If outside city or town limits, write "RURAL")

(d) ~~Street No.~~ Mo (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Raymond Scherrer

3. (b) If veteran, name war -

3. (c) Social Security No. ?

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Viola

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased March (Month) 31 (Day) 1914 (Year)

8. AGE: Years 25 Months 7 Days 10 If less than one day hr. min.

9. Birthplace St. Louis Co., Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Truckgardner

11. Industry or business at home

FATHER

12. Name John Scherrer

13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Mary Schwarz

15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Scherrer

(b) Address West Mattese, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/14/39 (Month) (Day) (Year)

(c) Place: burial or cremation Mattese, Mo.

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan

19. (a) NOV 13 1939 (Date received local registrar) D R Meyer M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 10 year 1939 hour 4 minute PM M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Gun-shot (shot-gun, 12 g.) wound of the left chest. Accidental, Due to self inflicted, ---------- 11/10/39 (while duck hunting)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically

184

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accidental

(b) Date of occurrence Nov. 10, 1939

(c) Where did injury occur? On Meramec River, Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place

While at work? no (Specify type of place) (e) Means of injury G/S Wound

23. Signature John Howell (M. D. or other)

Address Coroner of St. Louis County Date signed 11/11

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**