

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 36273

NOV 25 1940

Registration District No. 780

Primary Registration District No. 4466

Registrar's No. 54

1. PLACE OF DEATH:

(a) County St. Genevieve  
(b) City or town St. Genevieve  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME SOPHIA SCHERER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife John Scher 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 24 1856  
(Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Genevieve, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Maxine Baker  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Josephine Luethle  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Raymond Scherer  
(b) Address St. Genevieve Mo  
17. (a) Burial (b) Date thereof Oct 30 40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Genevieve Mo

18. (a) Signature of funeral director R. C. Bagler  
(b) Address St. Genevieve Mo  
19. (a) Oct 29/40 (b) T. W. Dong Lao  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Genevieve  
(c) City or town St. Genevieve  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28  
year 1940 hour 7 minute 50 A.M.

21. I hereby certify that I attended the deceased from July 5  
1930, to Oct. 28, 1940  
that I last saw er alive on Oct 27, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration 27 yrs.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Chronic Myocarditis 10 yrs.  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
\_\_\_\_\_ (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Arthur S. [unclear] (M. D. or nurse)  
Address St. Genevieve Mo Date signed 10-29-40

WALLS FLEETING—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

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**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.....

*Leo C. Basler*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed..... *Leo C. Basler* .....

Licensed Embalmer No. *1985*

P. O. Address *St. Genevieve 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.**