o. 2
13-40
7-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4913

FILED MAR 25 1941

Registration District No. 1791 — Primary Registration District No. 1003 — Registrar's No. 1161

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Deaconess Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96
(a) State Mo. (b) County
(c) City or town University City NR3
(If outside city or town limits, write "RURAL") 5
(d) Street No. 7731 Gannon Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Freda M. Scherman
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late Louis W. M.D.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 18th (Day) 1878 (Year)
8. AGE: Years 62 Months 1 Days 15 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Mo. O (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name John Klag
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
14. Maiden name Henrietta Schlingman
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Dr. Victor E. Scherman
(b) Address Gatesworth Hotel
17. (a) Entombment (Burial, cremation, or removal) (b) Date thereof 2-4-41 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Mausoleum
18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.
19. (a) FEB 4 1941 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2nd year 1941 hour 12:42 minute A.M. M.
21. I hereby certify that I attended the deceased from Jan 29, 1941, to Feb 2, 1941; that I last saw him alive on Feb 12, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	4 days
Due to vascular hypertension	?
Due to	
Other conditions (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 Samuel B. Grant (M. D. or other) M. D.
Address 114 N. Taylor Ave Date signed 2/4/41

(Licensed Embalmer's Statement on Reverse Side)

114 N Saylor Ave
Je 8600 1-5

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 Edwin D McDermott

Licensed Embalmer No. 3024

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.