

MAR 11 1941

State File No.

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 301

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town LEMAU RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BECKER Rd 1 1/2 mi. OFF TELEGRAPH
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community LIFE
years, months or days

8. (a) PRINT FULL NAME FRANK SCHIERHOFF SR

8. (b) If veteran, name war NONE 8. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOWED

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased DECEMBER 22 1881
(Month) (Day) (Year)

8. AGE: Years 59 Months 1 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace ST. LOUIS Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name JOHN SCHIERHOFF

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

14. Maiden name UNKNOWN TENNEMANN

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

16. (a) Informant Quinn Schierhoff

(b) Address Route 9 Lemay Mo

17. (a) BURIAL (b) Date thereof FEB 11 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MATESE, MO

18. (a) Signature of funeral director G. Hoffmeister & Co.

(b) Address 784th Broadway

19. (a) FEB 10 1941 (b) R. Meyer, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS 96
(c) City or town LEMAU RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. ROUTE 9. BECKER RD.
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 7
year 1941 hour 6 minute 30. A.M.

21. I hereby certify that I attended the deceased from JAN 29, 1941 to FEB 7, 1941
that I last saw him alive on JAN 21, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Coronary thrombosis
Arteriosclerosis Chronic

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations g. h. a. 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? _____

While at work? _____ (Specify type of injury) _____ (Means of injury) _____

23. Signature R. Meyer (M. D. or other) _____
Address 7707 Date signed _____

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

600

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 *Linus C. Hoffmeister*.....

Licensed Embalmer No. *3871*.....

P. O. Address *7814 S. Broad*.....

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.