

No. 2
4-13-40
5-17-39
I X23159

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9256**
Registrar's No. **2666**

Registration District No. **791**

Primary Registration District No. **1000**

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

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town _____
(c) Name of hospital or institution City Sanitarium
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 24 yrs. 8 mos. 25 da
In this community About 49 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME JACOB SCHEER
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 20, 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>5</u>	<u>3</u>	_____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business Laborer

MOTHER FATHER
12. Name Louis Scheer
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Julia Huss
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Scott

(b) Address 5400 Cassind St

17. (a) Burial (b) Date thereof 3/26/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAR 25 1941 (b) J. P. Bredech
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County COO
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3824 N. Grand Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 23
year 1941 hour 7:20 minute P. M.

21. I hereby certify that I attended the deceased from 11-1-1940, 19____, to 3-23-41, 19____;
that I last saw him alive on 3-23-41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Lobar Pneumonia
Due to (onset 3-22-41)

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

Major findings: _____
Of operations _____
Of autopsy No
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 place) (e) Means of injury 13

23. Signature J. P. Bredech (M. D. or other) _____

Address _____ Date signed _____

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 *Henry Hampton*

Licensed Embalmer No. *2967*

P. O. Address *St. Louis, 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, fact should be so stated above.