

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

16402

State File No. _____

Registration District No. **791**

Primary Registration District No. _____ Registrar's No. **3920**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hos'p.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 617
(d) Street No. 5743 DeGiverville
(If rural, give location) 9
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Aron C. Scharff.

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Selma Regensberger 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased July 23 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>9</u>	<u>14</u>	<u>hr. min.</u>

9. Birthplace Mississippi /
(City, town, or county) (State or foreign country)

10. Usual occupation Agent

11. Industry or business Life insurance. General ins.

MOTHER FATHER { 12. Name Benj. Scharff
13. Birthplace Germany /
(City, town, or county) (State or foreign country)
14. Maiden name Bettie Ullman
15. Birthplace Germany /
(City, town, or county) (State or foreign country)

16. (a) Informant Selma R Scharff

(b) Address 5743 DeGiverville

17. (a) burial (b) Date thereof 8/9/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai

18. (a) Signature of funeral director Mayer

(b) Address 4356 Lindell Blvd

19. (a) MAY 9 1941 (b) J. T. Brodbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1941 hour 10 minute 30 P.M.

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

Immediate cause of death coronary occlusion Duration 1 mo.

Due to coronary artery sclerosis 1 yr. +

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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)
(a) Means of injury 0

23. Signature Shirley Sells (M. D. or other) 5/16/41
Address 4500 Olive Date signed _____

Duration

1 mo.

1 yr. +

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 W. W. Wilkinson

Licensed Embalmer No. 3575

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, fact should be so stated above.