

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

FILED JUL 7 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **22692**

Registration District No. **784**

Primary Registration District No. **200**

Registrar's No. **1369**

1. PLACE OF DEATH:

(a) County **St. Louis**  
 (b) City or town **Lemay Rural**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Ringer Road near Forder Rd./**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)  
 In this community **10 yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis** **96**  
 (c) City or town **Lemay Rural** **0**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **Ringer Rd. Rt. 11 Box 158** **0**  
(If rural, give location)  
 (e) Citizen of foreign country?..... **0** (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME **Cora Mae Schierhoff**

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 **Married**

6. (b) Name of husband or wife **John Schierhoff** 6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **April 27 1899**  
(Month) (Day) (Year)

8. AGE: Years **42** Months **2** Days **0**  
 If less than one day  
 .hr. .min.

9. Birthplace **Webster Groves Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **Henry Scott**

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

14. Maiden name **Mary E. O'Dell**

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

16. (a) Informant **John Schierhoff**

(b) Address **Rt. 11 Box 158 Lemay, Mo.**

17. (a) **Burial** (b) Date thereof **June 30, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MT. OLIVE CEMETERY**

18. (a) Signature of funeral director **C. Hoffmeister**

(b) Address **7814 S. Broadway**

19. (a) **JUN 29 1941** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **27**  
 year **1941** hour **5** minute **40** a. M.

21. I hereby certify that I attended the deceased from **June 8** 19**41**, to **June 27** 19**41**  
 that I last saw him alive on **June 27** 19**41**  
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Pulmonary edema</u>	<u>8 days</u>
Due to <u>chronic myocarditis</u>	<u>1 month</u>
Due to <u>Staphylococcus Viridans Endocarditis</u>	<u>3 years</u>

Other conditions (include pregnancy within 3 months of death).....  
 Major findings: **[Signature]**  
 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?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature **Malvina Hedeman** (M. D. or other) **C. M. D.**  
 Address **335 Metropolitan Bldg** Date signed **6/27/41**

AUG 13 1941

**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 B road*

**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.**