

No. 2
1-4-41
1-17-39
X26330

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **18 Days**
(Specify whether **0**)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **6703 S. Broadway**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Kate Scherzinger**
(b) If veteran, name war **None**
(c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **8**,
year **1941** hour **11:05** minute _____ P. M.
21. I hereby certify that I attended the deceased from **June 20**,
19 **41** to **July 8**, 19 **41**
that I last saw h. er alive on **July 8**, 19 **41**
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **George Scherzinger**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **February 8, 1882-1879**
(Month) (Day) (Year)

Immediate cause of death **Empyema thoracis**
cause unknown
Duration _____

8. AGE: Years **59** Months **5** Days **0**
If less than one day _____ hr. _____ min.

Due to _____
Due to **110a**

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

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER { 12. Name **John Merck**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Carey**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy **see above**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mary Probst**
(b) Address **6703 S. Broadway**
17. (a) **Burial** (b) Date thereof **July 12, -41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Hope Cemetery**

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? _____

18. (a) Signature of funeral director **P. Hoffmeister & Co.**
7814 S. Broadway
(b) Address _____
19. (a) **JUL 10 1941** (b) **J. F. Probst**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature **J. E. Von Kaemel** (M. D. or other) **P**
Address **1515 Lafayette Ave.** Date signed **7/9/41**

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

079

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. Broadway*

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.