

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH

(a) County **FILED SEP 17 1941**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4844 Margaretta Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
50 years / (Specify whether
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. **4844 Margaretta Avenue** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **13**
year **1941** hour **12** minute **40** PM M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Apoplexy.** Duration _____

Due to _____

Due to _____

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

Major findings: _____ 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) (Specify type of place) (Specify type of place)
(g) Means of injury _____

23. Signature **Alfred Perry** (M.D. or other) **3**

Address **St. Louis** Date signed **8/13/41**

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

MOTHER FATHER

3. (a) PRINT FULL NAME **AUGUST H. SCHEER,**
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 **Lydia Cramer Scheer** 6. (c) Age of husband or wife if alive **62 yrs.** years
7. Birth date of deceased **July 20, 1874** (Month) (Day) (Year)
8. AGE: Years **67** Months **0** Days **24** If less than one day _____ hr. _____ min.
9. Birthplace **Missouri** (City, town, or county) (State or foreign country)
10. Usual occupation **Retired Letter Carrier**
11. Industry or business _____
12. Name **Fred Scheer**
13. Birthplace **Missouri** (City, town, or county) (State or foreign country)
14. Maiden name **Caroline Schwenker** (City, town, or county) (State or foreign country)
15. Birthplace **Missouri** (City, town, or county) (State or foreign country)
16. (a) Informant **Mrs. Lydia Scheer**
(b) Address **4844 Margaretta Avenue**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8/16/41** (Month) (Day) (Year)
(c) Place: burial or cremation **St. Johns Cemetery**
18. (a) Signature of funeral director **Math. Hermann & Son**
(b) Address **2161 East Fair Avenue**
19. (a) **AUG 15 1941** (Date received local registrar) (b) **J. F. Greubel** (Registrar's signature)

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 *William G. Bushko*

Licensed Embalmer No. *26110*

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.