

S. No. 2
1-1-4-41
5-17-39
PI X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12087

FILED APR 6 1942

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 738

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lemay Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bauer Rd West Mattese, Mo. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Lemay Twp
(If outside city or town limits, write "RURAL")
(d) Street No. Bauer Rd
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

John Scherer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 1 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 30
If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Michael Scherer

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

14. Maiden name Gertrude Gastel

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

16. (a) Informant Mary Scherer

(b) Address Mattese, Mo.,

17. (a) Burial (b) Date thereof 4-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mattese, Mo

18. (a) Signature of funeral director Fendler Und. Co.,

(b) Address 7420 Michigan Ave

19. (a) APR - 2 1942 (b) C. H. Me...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1942 hour 5:30 minute A M.

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

Immediate cause of death Natural causes. Duration _____

Due to _____

Due to Chronic Myocarditis and arteriosclerosis.

Due to _____

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

Major findings: 93d
Of operations _____

Of autopsy Yes

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) (c) Means of injury _____

23. Signature Louis H. Goff (M. D. or other _____)

Address Kirkwood, Mo. 3/31/42 Date signed _____

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

16
8
0

MOTHER FATHER

709

(Licensed Embalmer's Statement on Reverse Side)

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.....

Wm. E. Janssen

Licensed Embalmer No.....

4148

P. O. Address.....

St. Louis

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.