

MAILED NOV 11 1942

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 295

16
4

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Francis Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days
(Specify whether)

In this community All of life. 16 days
years, months or days

3. (a) PRINT FULL NAME Phillip 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, Widower

6. (b) Name of husband or wife Julia Scherer

6. (c) Age of husband or wife if alive 23 years
1872 (Year)

7. Birth date of deceased: Aug (Month) 23 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>1</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace Scott Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Donet Scherer

13. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Leius Scherer

(b) Address Kelso Mo

17. (a) Burial (b) Date thereof Oct. 21, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Advance Catholic Cem

18. (a) Signature of funeral director Bishoping

(b) Address Illmo Mo

19. (a) 10-19-42 (b) F. O. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 100

(a) State Mo (b) County Scott 0

(c) City or town Helso
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? no. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 19
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 10-4 1942, to 10-19-42 1942
that I last saw him alive on 10-19-42 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Ch. vascular
cardiac disease

Due to _____

Due to _____

Other conditions: nephritis
(Include pregnancy within 5 months of death)

Major findings: 131 f

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 F. O. Phelps (M. D. or other) MD
Address Kelso Mo Date signed 10/19/42

RECEIVED

District Health Officer No. 3
District File Number 1142-1368
Date Filed 11-7-42

NOV 17 1942

235-

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 Mamie Despleighoff

Licensed Embalmer No. 3242

P. O. Address Chaffee, 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.