S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35873

State File No.

FILED DEC 7 1942 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 9884

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

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:
Firmin Desloge Hospital 0
(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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3938 Greer Ave.,
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

000
17
109

3. (a) PRINT FULL NAME JOHN J. SCHEUERMANN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Johanna Scheuermann

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

7. Birth date of deceased December (Month) 8th. (Day) 1868 (Year)

8. AGE: Years 73 ~~70~~ Months 11 Days 18 If less than one day hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Pressman

11. Industry or business

FATHER
12. Name Joseph Scheuermann
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine (unknown)
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Johanna Scheuermann
(b) Address 3938 Greer Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation Int. Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers
(b) Address 2849 No. Euclid Ave.,

19. (a) NOV 27 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26th
year 1942 hour 5 minute 10 A.M.

21. I hereby certify that I attended the deceased from 11-17-42, 19 , to 11-26, 1942
that I last saw him alive on 11-25, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic heart disease	uncertain
Due to: Complicated by bronchopneumonia & diabetes mellitus	9 days uncertain
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

61

57

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

23. Signature Wayne O. Gorla (M. D. or other)
Address 2729 No. Grand Date signed 11-27-42

(Licensed Embalmer's Statement on Reverse Side)

Dr Wayne O. Goola
Dr. ~~Goola~~ NE 1270
Grand & St. Louis Ave. 2739 N. Grand Av.
1 & 3 PM

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 Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address .....

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.