

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Registration District No. **318** Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County **St. Louis.**  
(b) City or town **St. Louis.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1237 Grattan /**  
(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:  
**Missouri**  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1237 Grattan**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mary Scherdt**  
3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec.** day **15**  
year **1942** hour **8 P.M.** minute \_\_\_\_\_ M. \_\_\_\_\_

4. Sex **Female** 5. Color or race **Wht**  
6. (a) Single, widowed, married, divorced **Wid.**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from **Dec 9** 19**42** to **Dec 14** 19**42**  
that I last saw **her** alive on **Dec 12** 19**42**  
and that death occurred on the date and hour stated above.

7. Birth date of deceased **Unknown** **about 1862**  
(Month) (Day) (Year)  
8. AGE: Years **About 80** Months **Unknown** Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: **Myocarditis**  
**of Hypertension**  
Due to \_\_\_\_\_  
Due to **Influenza** **Dec 9-11**

9. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **House Wife**

Other conditions (Include pregnancy within 3 months of death) **92**  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name **Unknown**  
13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Metha Goolsby**  
(b) Address **1237 Grattan**  
17. (a) **Burial** (b) Date thereof **12/18/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Cohcordia**  
18. (a) Signature of funeral director **Wm. C. Moyall**  
(b) Address **1226 Allen Ave.**  
19. (a) **DEC 18 1942** (b) **J. J. Brudek**  
(Date received local registrar) (Registrar's signature)

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 **H. G. Meece** (M. D. or other)  
Address **921 1/2 S. 18** Date signed **12-15-42**

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

MOTHER FATHER

**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Wm. E. Moyall

Licensed Embalmer No. 1467

P. O. Address 1926 Allen

**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.**