

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40568
State File No. 30
Registrar's No. 1

FILED JAN - 6 1943

Registration District No. 8

Primary Registration District No. 5304A

26
0
0

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

1. PLACE OF DEATH: Cole
(a) County Cole
(b) City or town St. Thomas - SAGG JUMP
(c) Name of hospital or institution: St. Thomas, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Elizabeth A. Scheff
3. (b) If veteran, name war --- 3. (c) Social Security No. ---

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Simmon C. 6. (c) Age of husband or wife if alive nnnnn years
7. Birth date of deceased Jan 18 - 1871
(Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 23 If less than one day hr. min.

9. Birthplace St. Thomas, Mo Cole 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ---

MOTHER FATHER { 12. Name Gerling
13. Birthplace St. Thomas, Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Unk
15. Birthplace Unk 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ida Gerling
(b) Address St. Thomas, Mo.

17. (a) Burial (b) Date thereof 12/15/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Thomas, Mo.

18. (a) Signature of funeral director Victor Buscher
(b) Address Jefferson City, Mo.

19. (a) 12/15/42 (b) Dr. H. G. Werner
(Date received local registrar) (Registrar's signature)
195 (Licensed Embalmer's Signature on Reverse Side)

2. USUAL RESIDENCE OF DECEASED: 26
(a) State Missouri (b) County Cole 0
(c) City or town St. Thomas
(If outside city or town limits, write "RURAL")
(d) Street No. In town of St. Thomas
(If rural, give location)
(e) If foreign born, how long in U. S. A.? --- 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11th
year 1942 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 5, 1942 to Dec 11, 1942
that I last saw her alive on Dec 10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis
Hypostatic Pneumonia
Due to ---

Other conditions: Arteriosclerosis
Chronic nephritis
(Include pregnancy within 3 months of death)

Major findings: ---
Of operations: ---
Of autopsy: no. 1318

Duration
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 Henry G. Scherberg (M. D. or other)
Address Metairie Date signed 12/11/42

MAR 2 1943

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.....

Victor Buescher

Licensed Embalmer No. 3701

P. O. Address. Jefferson City, 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.