

Ritter 7538

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 12 1943

Registration District No. 25

Primary Registration District No. 3010

Registrar's No. 161

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 Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 7 days (Specify whether)

In this community. 67 yrs 7 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Scott

(c) City or town. Near Commerce
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME. GEORGE SCHERER

3. (b) If veteran, name war. ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month May day 23
year 1943 hour 5 minute 40 p. M.

21. I hereby certify that I attended the deceased from 5-10, 1943, to 5-23, 1943
that I last saw him alive on 5-23, 1943
and that death occurred on the date and hour stated above.

4. Sex. Male

5. Color or race. White

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

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

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

7. Birth date of deceased. July 21 - 1875
(Month) (Day) (Year)

Immediate cause of death. Pulmonary embolism
Second pulmonary embolism
Due to thrombophlebitis of the left leg.

Duration 1 week
30 min.
two weeks

Other conditions. (Include pregnancy within 3 months of death) /// a

8. AGE: Years Months Days If less than one day

67 10 2 _____ hr. _____ min.

9. Birthplace. Near Commerce Mo
(City, town, or county) (State or foreign country)

10. Usual occupation. Farmer

11. Industry or business. Farming

12. Name. Anton Scherer

13. Birthplace. Near Commerce Mo
(City, town, or county) (State or foreign country)

14. Maiden name. Caroline Hessing

15. Birthplace. Near Commerce Mo
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Statie Scherer

(b) Address. R. F. H. 1 Commerce Mo

17. (a) Burial (b) Date thereof. May 27 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. New Hamburg Mo

18. (a) Signature of funeral director. Walthus Und Co.

(b) Address. Cape Girardeau Mo

19. (a) 5/25-43 (b) F. H. Phelps
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: NO operations

Of operations. _____

Of autopsy. NO autopsy

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). NO accident

(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. P. Q. Ritter, M. D. (M. D. or other)

Address. Cape Girardeau Mo Date signed 5-25-43

1014

RECEIVED

District Health Officer No. 4

District File Number 643-230

Date Filed 6-7-4

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 Ferguson
Licensed Embalmer No. H 253
P. O. Address Cape Girardeau

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.