S. No. 2
M—2-43
5-17-43
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 19996

Registrar's No. 5358

1. PLACE OF DEATH:

(a) County —

(b) City or town ST. LOUIS - MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2610 California St. L. Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County —

(c) City or town ST. LOUIS - 23
(If outside city or town limits, write "RURAL")

(d) Street No. 2610 California
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME HERMAN-JOSEPH-SCHEVE

3. (b) If veteran, name war WORLD-WAR #1

3. (c) Social Security No. 493-09-3221

4. Sex MALE

5. Color or race W

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

6. (b) Name of husband or wife MARGARET

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased JAN. (Month) 12 (Day) 1888 (Year)

8. AGE: Years 55 Months 4 Days 28 If less than one day hr. min.

9. Birthplace JEFFERSON-CO. (City, town, or county) MO. (State or foreign country)

10. Usual occupation Packer

11. Industry or business Butler Brothers

FATHER
12. Name BERNARD-SCHEVE
13. Birthplace MISSOURI (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name MARGARET-STAHL
15. Birthplace FLORISSANT (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Margaret Scheve

(b) Address 2610 California - St. L. Mo.

SS. Peter & Paul Cem. (Burial, cremation, or removal) (b) Date thereof 6-12-43 (Month) (Day) (Year)

ST. Louis, Co.

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director B. Scheve

(b) Address Catawissa, Mo.

19. (a) JUN 11 1943 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1943 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct 20, 1943 to June 10, 1943 that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac Dilatation	1 day
Due to Lung Abscess Cause Unknown	
Due to Hypertrophy heart Chr. myocarditis	1941
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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) none

(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 Jno. Dlubek (M. D. or other) MD

Address 2767 Gravois Date signed 6-11-43

(Licensed Embalmer's Statement on Reverse Side)

JUN 29 1948

AUG 20 1948

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 John Keller

Licensed Embalmer No. 3880

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.