

FILED SEP 28 1943

Registration District No. _____

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3450 Oregon Ave.
(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) (Specify whether

3. (a) PRINT FULL NAME William A. Scherf.

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lena Scherf 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased October 29th, 1867.
(Month) (Day) (Year)

8. AGE: 75 Years 10 Months 17 Days If less than one day _____ hr. _____ min.

9. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Fireman

11. Industry or business _____

12. Name William Scherf.

13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Lena Scherf

(b) Address 3450 Oregon Ave.

17. (a) Burial (b) Date thereof Sept. 18, 43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Churchyard.

18. (a) Signature of funeral director Hegenbar Bros.

(b) Address 6409 Gravois Ave.

19. (a) SEP 17 1943 (b) J. H. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
(c) City or town Saint Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3450 Oregon Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16th.
year 1943. hour 7 minute 50 A. M.

21. I hereby certify that I attended the deceased from April 23
1943. to Sept. 16 1943
that I last saw him alive on Aug 31 1943
and that death occurred on the day and hour stated above.

Immediate cause of death Coronary occlusion Duration _____

Due to Chronic Myocarditis

Due to arterio-sclerosis (red) distalis
nultritis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature Reed H. Baker (M. D. or other) _____

Address 3853 Nebraska Ave. Date signed 9-16-43

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 V. E. Morris

Licensed Embalmer No. 3360

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.