

Registration District No. 317 Primary Registration District No. 3069

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(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:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3138 Maury Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Martin G. Scherstuhl

3. (b) If veteran, name war None 3. (c) Social Security No. 492-10-1019

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Stephanie Scherstuhl 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Nov. 27th 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 1 16 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician

11. Industry or business

MOTHER FATHER { 12. Name Martin Scherstuhl
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Minnie Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Stephanie Scherstuhl
(b) Address 3138 Maury Ave.

17. (a) Burial (b) Date thereof 1-15-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuary
(b) Address 4228 So. Kingshighway Blvd.

19. (a) JAN 18 1944 (b) E. H. McSweeney, M.D.
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12th
year 1944 hour 7:30 minute A.M.

21. I hereby certify that I attended the deceased from Jan. 1, 1944, to Jan. 12, 1944; that I last saw him alive on Jan. 12, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 12 days

Due to.....
Due to.....

Other conditions Arteriosclerosis Heart Disease 1 year
(Include pregnancy within 3 months of death)

Major findings: LOF
Of operations.....
Of autopsy Same as above

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) (e) Means of injury.....
23. Signature J. Brennan, M.D. (M. D. or other) 0
Address 1519 University Club Bldg Date signed 1/14/44

707

JAN 24 1944

Dr. J. Anthony Bennett
26 Bldg. - 4th Fl. - 20
P.O. 335

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 *Elmer A. McDevitt*

Licensed Embalmer No. *3024*

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.