

S. No. 2
DM-2-43
5-17-39
P-1 5897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5693

FILED FEB 28 1944
318

State File No. _____

Registration District No. _____ Primary Registration District No. 1003

Registrar's No. 1446

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5325 Lotus /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 30 Years

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 96
(If outside city or town limits, write "RURAL")

(d) Street No. 5325 Lotus
(If rural, give location)

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

3. (a) PRINT FULL NAME John C. Schaerer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12
year 1944 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

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

6. (b) Name of husband or wife Alvina 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased December 19 1887
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years 56 Months 1 Days 24 If less than one day hr. _____ min. _____

Immediate cause of death Shut-out wound of skull and brain - self inflicted in the basement of his home Duration _____
Due to 5325 Lotus ave on 2-12-44 exact time unknown
Due to while suffering from temporary mental aberration

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

10. Usual occupation Wire Rope Maker

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

11. Industry or business Leschen Wire Rope Mfg. Co

12. Name John Schaerer Sr.

13. Birthplace Berne Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Roth Switzerland

15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

Major findings: Of operations Holt PHYSICIAN _____

Of autopsy _____ Underline the cause to which death should be charged statistically.

16. (a) Informant Alvina Schaerer

(b) Address 5325 Lotus

17. (a) Burial (b) Date thereof 2-15-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director W. Schumacher

(b) Address 3013 Meramec

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence 2-12-44

(c) Where did injury occur? St Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director W. Schumacher

(b) Address 3013 Meramec

19. (a) FEB 14 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of Injury _____

23. Signature Thomas F. Callahan (M. D. or other) _____
Address Deputy Coroner Date signed 2-14-44

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 Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address St. Louis 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.