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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 7 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10918

Registration District No. 116 — Primary Registration District No. 5434 — Registrar's No. 37

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Krakow St Johns Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin 36
(c) City or town Krakow 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no 0

3. (a) PRINT FULL NAME Catherine Scheffer

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

4. Sex Female — 5. Color or race White — 6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife Henry J. Scheffer — 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased January (Month) 9 (Day) 1873 (Year)

8. AGE: Years 71 Months 2 Days 19 — If less than one day ____ hr. ____ min.

9. Birthplace Pittsburgh Pennsylvania (City, town, or county) U.S.A. (State or foreign country)

10. Usual occupation House wife

11. Industry or business Home

FATHER
12. Name David Peistrup
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Sophia Huhn
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Rev. Father B. F. Scheffer
(b) Address Krakow Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 31-44 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director (STROOT) [illegible]
(b) Address 46 [illegible] Bridge [illegible]

19. (a) 3/29/44 (Date received local registrar) (b) Lucille Ruether Brooks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28th day March year 1944 hour 2:25 AM minute ____ M.

21. I hereby certify that I attended the deceased from Jan. 16, 1944, to March 28, 1944; that I last saw her alive on March 27, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure	2 days
Due to Passive pulmonic congestion	3 days
Due to Cerebral hemorrhage	2 weeks
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

8301

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

23. Signature R. E. White (M.D. or other) DO
Address Washington Mo. Date signed 3/28/44

1187

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 4-5-44

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 [illegible]

Licensed Embalmer No. 2265

P. O. Address 46 [illegible] Bridge [illegible]

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.