

FILED SEP 8 1944
 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 7508

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:
Lutheran Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days.
(Specify whether years, months or days)

In this community Life.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Rural SNR
(If outside city or town limits, write "RURAL")

(d) Street No. 9255 Coral Court - Affton Mo.
(If rural, give location)

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

3. (a) PRINT FULL NAME Philip Scheid

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

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

6. (b) Name of husband or wife Elna 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased March 5th, 1890
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August 27th day
 year 1944 hour 2 minute 05 P. M.

21. I hereby certify that I attended the deceased from Aug. 22
 19 44 to Aug. 27 19 44

that I last saw him alive on Aug. 27 19 44
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>5</u>	<u>22</u>	hr. _____ min. _____

Immediate cause of death Acute Cardiac Failure

Duration ?

Due to Carcinoma of the Pancreas with Hepatic Metastasis ?

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Paper cutter

11. Industry or business _____

Due to _____

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

MOTHER, FATHER { 12. Name Philip Scheid

{ 13. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown

{ 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

Major findings:
 Of operations Carcinoma of the Pancreas with Hepatic Metastasis

Of autopsy _____

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

16. (a) Informant Elna Scheid

(b) Address 9255 Coral Court

17. (a) Burial (b) Date thereof 8/30/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Pk

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? _____

18. (a) Signature of funeral director John Ziegler

(b) Address 7027 Gravois Ave.

19. (a) AUG 29 1944 (b) J. J. Bredenk
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury 0

23. Signature J. Louis Hutter (M. D. or other) M.D.
 Address 3606 Gravois Date signed 8/28/44

1987 4 13 13:14

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..... *E. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address..... *7027 Gravois*

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.