S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29749

Registration District No. 318

Primary Registration District No.

Registrar's No. 8193

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
3944 Nebraska
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")

(d) Street No. 3944 Nebraska
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Josephine Scheffler

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Antone Scheffler Jr

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct 14 (Month) 1894 (Day) (Year)

8. AGE: Years 49 Months 11 Days 9 If less than one day hr. min.

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

10. Usual occupation AT Home

11. Industry or business

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

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

16. (a) Informant Anthony Scheffler
(b) Address 3944 Nebraska

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-26-44 (Month) (Day) (Year)
(c) Place: burial or cremation New S.S. Peter&Paul Cem

18. (a) Signature of funeral director Wingbermuehle Funeral Home
(b) Address 3819 S. Grand Blvd

19. (a) SEP 25 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep. day 23 year 1944 hour 720 A. M. minute M.

21. I hereby certify that I attended the deceased from Aug 28 1944 to Aug 23 1944 that I last saw her alive on Aug 22 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Respiratory Failure	2 days
Due to Metastasis of axillary cancer to cervical and thoracic spine	4 mo
Due to Carcinoma of Breast	4 yrs.
Other conditions none (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

50

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) none
(b) Date of occurrence none
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)
While at work? none (e) Means of injury

23. Signature Tupper Plumpe (M. D. or other)
Address 3923 S. Grand Date signed

x4x (Licensed Embalmer's Statement on Reverse Side)

Plumpe Sept 24, 1944

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 Albert Mansfield

Licensed Embalmer No. 13077

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.