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DM—8-13
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39741

FILED DEC 27 1944 818

Registration District No.

Primary Registration District No. 1003

Registrar's No. 10607

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: 3934 Arsenal
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 84-10-17
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3934 Arsenal
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Amelia Riewe

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Chas.

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

7. Birth date of deceased Jan. (Month) 24th (Day) 1860 (Year)

8. AGE: Years 84 Months 10 Days 17 If less than one day hr. min.

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

10. Usual occupation House Work

11. Industry or business

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

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

16. (a) Informant James Sauerwein
(b) Address 3934 Arsenal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-1944 (Month) (Day) (Year)
(c) Place: burial or cremation St.Mathew Cemetery

18. (a) Signature of funeral director Wm Schimmacher
(b) Address 3013 Meramec

19. (a) DEC 12 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11
year 1944 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from 5/31, 1940 to 12/11, 1944
that I last saw her alive on 12/10, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis (generalized) — Duration 20 yrs

Due to Senility

Due to

Other conditions Diabetes Mellitus — 10 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 Walter E. Jordan (M. D. or other) MD

Address 3903 Olive St Date signed 12/12/44

(Licensed Embalmer's Statement on Reverse Side)

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 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.