S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30305

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 285

1. PLACE OF DEATH:

(a) County Cape Gir
(b) City or town Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hospital, 1 day (Specify whether)
In this community 40 years 1 day (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Gir 16
(c) City or town Jackson, Mo. 0 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Frederick W. Scheper
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary E. Scheper
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Sept (Month) 1 (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
80	—	12	hr. min.

9. Birthplace Near Luteville (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation R.R. Employee
11. Industry or business
FATHER
12. Name Fred Scheper
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Elizabeth Deal
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Clarence Scheper
(b) Address Jackson Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-15-1945 (Month) (Day) (Year)
(c) Place: Burial or cremation Russell Heights
18. (a) Signature of funeral director S. C. Crewsfo
(b) Address Jackson Mo
19. (a) 9-14-45 (Date received local registrar) (b) 4 F. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 13 year 45 hour 8 minute 31 P.M.
21. I hereby certify that I attended the deceased from Sept 9, 1945, to Sept 13, 1945 that I last saw him alive on 9-13-1945 and that death occurred on the date and hour stated above.

Immediate cause of death Heart block (following Coronary Thrombosis and infarction)
Due to Coronary Artery disease
Due to
Other conditions (Include pregnancy within 3 months of death) Arterio sclerosis
Major findings: Of operations Senility 94 Of autopsy Myocarditis

Duration

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 Alberdon Estes (M. D. or other) Phys
Address Jackson, Mo. Date signed 9-14-45

1014

(Licensed Embalmer's Statement on Reverse Side)

...ED

District Health Officer No. 4

District File Number 1045-115

Date Filed 10-6-45

DEC 1 1945

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 Virgil H. Kelch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau 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.