

**FILED** NOV 3 1945  
 Registration District No. **317**

Primary Registration District No. **3069**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
 #3, 12 amended by affidavit of nephew & 1930 US Census Record 03-13-12 mjc

1. PLACE OF DEATH:

(a) County **St. Louis**  
 (b) City or town **Richmond Heights**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **St. Mary's Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin 36**  
 (c) City or town **New Haven**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Victor John Sheer Scheer**

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

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

6. (b) Name of husband or wife **Laura** 6. (c) Age of husband or wife if alive **30** years

7. Birth date of deceased **Aug. 19 1911**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>34</b>	<b>2</b>	<b>9</b>	_____ hr. _____ min.

9. Birthplace **New Haven Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business \_\_\_\_\_

12. Name **Julius Henry Sheer Scheer**

13. Birthplace **New Haven Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Walkenhorst**

15. Birthplace **New Haven Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **J.H. Sheer**

(b) Address **New Haven, Mo.**

17. (a) **Burial** (b) Date thereof **10-31-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Port Hudson, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **10-31-45** (b) **E. J. Brennan M.D.**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **28**  
 year **1945** hour **1** minute **A** M.

21. I hereby certify that I attended the deceased from **Oct. 24**  
 \_\_\_\_\_, 19**45**, to **Oct 28**, 19**45**  
 that I last saw him alive on **October 28**, 19**45**  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
**Pituitary Tumor**  
**Benign**  
**5621**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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?  
 \_\_\_\_\_

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

23. Signature **[Signature]** (M. D. or other) **M.D.**  
 Address **4952 Maryland Ave** Date signed **10/29/45**

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**St. Louis, Mo**

Bu.  
Klemmer

**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 W. W. Wilkinson

Licensed Embalmer No. 3570

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.