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 FEB 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

874

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 937

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 Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community 85 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1947 Utah 249
(If rural, give location)

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

If yes, name country ------

3. (a) PRINT FULL NAME Henry H. Scharringhausen

3. (b) If veteran, name war ---------

3. (c) Social Security No. 491-12-9578

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Louise Juengel

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased May (Month) 2, (Day) 1860 (Year)

8. AGE:

Years	Months	Days	If less than one day
85	8	25	hr. min.

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

10. Usual occupation Stock Clerk

11. Industry or business Cupples Mfg. Co.

FATHER
12. Name Richard Scharringhausen
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Hannah Niemann
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Louise Scharringhausen
(b) Address 1947 Utah Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/46 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul Churchyard

18. (a) Signature of funeral director Beiderwieden F. H., Inc.
(b) Address 1936 St. Louis Avenue

19. (a) (Date received for registrar) JAN 29 1946 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27, year 1946 hour 7: minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan 18 - 1946, 19__, to Jan. 27, 1946 that I last saw her alive on Jan. 27, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Ordinary of Lungs. Benign Prostatic Hyperthophy

Due to 134

Due to

Other conditions Cystitis - Catarrhal
(Include pregnancy within 3 months of death)
Stones; Kidney

Major findings:
Of operations

Of autopsy

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 0

23. Signature Emil L. Busch (M. D. or other)

Address 1901 Cherokee Date signed 1/28/46

(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.....Felix J. Krieger

Licensed Embalmer No.....349

P. O. Address.....1936 St Louis

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.