

FILED MAY 16 1946

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4090

1. PLACE OF DEATH:

(a) County ST. LOUIS MO
(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2637 S Kingshighway
(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

3. (a) PRINT FULL NAME NANCY SCHARL

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WID
6. (b) Name of husband or wife ALois 6. (c) Age of husband or wife if alive P years
7. Birth date of deceased 5/14/1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 19 If less than one day
hr. _____ min.

9. Birthplace Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business Self

12. Name FREEMAN WOLFINGER

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Donna Hughes

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Skaggs

(b) Address 2637 S Kingshighway

17. (a) Burial (b) Date thereof May 6 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. Pauls Church Yard

18. (a) Signature of funeral director Proctor

(b) Address 14 N. Grand Blvd

19. (a) MAY 6 1946 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MO
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2637 S Kingshighway
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 3
year 1946 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from 5/1 to 5/3
that I last saw her alive on 5/3
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of
ascending colon 3 yrs

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) H/O

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 L. J. Bredeck (M. D. or other) MD
Address 2608 S. Kingshighway Date signed 5/4/46

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 V. Corrie

Licensed Embalmer No. 3360

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.