

FILED JUN 6 1946
318

1003

State File No.

Registrar's No. 4817

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Alexian Bros Hosp
(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 Herman J Scheffer

3. (b) If veteran, name war No 3. (c) Social Security No. 498 07 7505

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

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased March 16 1871
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 11 If less than one day hr. min.

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

10. Usual occupation Clerk Retired

11. Industry or business Shapleigh Hardware Co

12. Name Clement Scheffer

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

14. Maiden name Christine Elfrich

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

16. (a) Informant Mary Scheffer

(b) Address 5631 Southwest Ave

17. (a) Burial (b) Date thereof 5 31 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary emetery

18. (a) Signature of funeral director Kriegshauser

(b) Address 4228 So. Kingshighway

19. (a) MAY 29 1946 (b) J. F. Predeck
(Date received local burial) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 13
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5631 Reber Pl
(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 27
year 1946 hour 7.15 PM minute M.

21. I hereby certify that I attended the deceased from 9 May 1946 to 27 May 1946
that I last saw him alive on 27 May 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Uremia

Due to Chronic Nephritis Duration 1 wk
5 yrs

Due to Primary Carcinoma of Prostate Duration 3 mo
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Neptrosic kidneys, cystitis, Primary Ca of prostate

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?

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

23. Signature Richard H. Ray (M. D. or other) MD

Address 5930 Birchhurst Date signed 28 May 1946

Dr R Ray

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.....

Licensed Embalmer No.....

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.