

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 21 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

29479
State File No.
Registrar's No. 7551

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis Missouri
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3217 1/2 Park Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 75 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")
(d) Street No. 3217 1/2 Park 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clara Scheer
3. (b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 7 year 47 hour _____ minute 10 A.M.
21. I hereby certify that I attended the deceased from Aug 5th, 1947, to Aug 7, 1947
that I last saw her alive on Aug 5th, 1947, and that death occurred on the date and hour stated above.

4. Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 11 1872
(Month) (Day) (Year)

Immediate cause of death Heat stroke
Due to 191
Due to 19
Other conditions Cardio vascular disease
(Include pregnancy within 3 months of death)

8. AGE: Years 75 Months 27 Days _____ If less than one day _____ hr. _____ min.

Duration Two days
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis County 0
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business self
12. Name August Kappel
13. Birthplace Germany
14. Maiden name Clara Jacinto
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Gus Scheer
(b) Address 3217 1/2 Park

17. (a) Burial (b) Date thereof 8/11/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Joseph Howard
(b) Address 1619 So. 4th

19. (a) AUG 9 1947 (b) J. Schedel
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following: 000
(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) (e) Means of injury _____
23. Signature Peter A. Eck (M. D. or other) 0
Address 4701 St. Louis Ave Date signed 8/8/47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

See 2617

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..... *Gas A. Howard*
Licensed Embalmer No. *4139*
P. O. Address..... *4212 ST Louis Ave*

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.