S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43465

FILED DEC 22 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 14222

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

1. PLACE OF DEATH:

(a) County

(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: 3410 Dunnica (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 Gov

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

(d) Street No. 3410 A. Dunnica (If rural, give location) 9

16

(e) Citizen of foreign country? N/o (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Edward Scherer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June 23 (Month) 1865 (Day) (Year)

8. AGE: Years 82 Months 5 Days 18 If less than one day hr. min.

9. Birthplace St. Louis Mo (City, town, or county) (State or foreign country) 6

10. Usual occupation Retired

11. Industry or business

FATHER

12. Name Jacob Scherer

13. Birthplace Germany (City, town, or county) (State or foreign country) 4

MOTHER

14. Maiden name Juliana Wohlik

15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Miss Helen Scherer

(b) Address 3410 A Dunnica

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-47 (Month) (Day) (Year)

(c) Place: burial or cremation S.S. Peter&Paul Cem

18. (a) Signature of funeral director Wingbermuehle

(b) Address 3819 S. Grand Blvd

19. (a) DEC 11 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 10 year 1947 hour 4:30 minute A. M. M.

21. I hereby certify that I attended the deceased from 7-18 1947 to Dec 10 1947; that I last saw him alive on 12/9 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocardial	2 Year
Mitral Regurgitation	22
Arterial Sclerosis	22
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

92

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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 W. Demko (M. D. or other)

Address 3450 Gravois Date signed 12/10/47

Jefferson City Printing Co.

(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 John Demehy

Licensed Embalmer No. 4194

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.