

S. No. 2
M-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **2902**

FILED APR 7 1948 318

Registration District No. _____ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town **St. Louis, Missouri.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital—Max C. Starkloff
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community.....
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **000**
 (c) City or town..... **St. Louis** **17**
 (If outside city or town limits, write "RURAL")
Memorial 920 Lynch St.
 (If rural, give location)
 (e) Citizen of foreign country?..... **0** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... **FRED SCHERZER**
 3. (b) If veteran, name war..... **No**
 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **March** day..... **22nd**
 year..... **1948** hour..... **7** minute..... **35** P. M.

4. Sex..... **M** 5. Color or race..... **W**
 6. (a) Single, widowed, married, divorced..... **S** **0**
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... **July 9th, 1885**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **3/1/48**
, 19....., to..... **March 22nd, 1948.**
 that I last saw him alive on..... **March 22nd, 1948.**
 and that death occurred on the date and hour stated above.

8. AGE: Years..... **62** Months..... **8** Days..... **13**
 If less than one day..... hr..... min.....

Immediate cause of death.....
Aneurysm of internal carotid artery
 Due to.....
 Due to.....
 Other conditions.....
 (Includes pregnancy within 3 months of death)

9. Birthplace..... **St. Louis, Mo.** (City, town, or county) (State or foreign country)
 10. Usual occupation..... **Real Estate Salesman**
Hasek Co.
 11. Industry or business.....
 12. Name..... **William Scherzer**
 13. Birthplace..... **Germany** (City, town, or county) (State or foreign country)
 14. Maiden name..... **Unknown**
 15. Birthplace..... **Unknown** (City, town, or county) (State or foreign country)

Major findings: **Aneurysm of internal carotid artery - intracranial.**
 Of operations.....
 Of autopsy.....
 PHYSICIAN.....
 Underline the cause of which death should be charged statistically.

16. (a) Informant..... **Harry L. Scherzer**
 (b) Address..... **5511 Tennessee Ave.**
 17. (a) Burial, cremation, or removal..... **Burial**
 (b) Date thereof..... **3/25/48**
 (Month) (Day) (Year)
 (c) Place: burial or cremation..... **Old St. Marcus**
 18. (a) Signature of funeral director..... **Max H. Heldt**
 (b) Address..... **3634 Gravois St. Louis, Mo.**
 19. (a) Date received local registration..... **APR 25 1948**
 (b) Registrar's signature..... **J. F. Prudick**

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?.....
 23. Signature..... **J. F. Prudick** (City or town) (County) (State)
 Address..... **1516 Taubette** Date signed..... **3/23/48**

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 Robert Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis mo

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.