FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 21 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21313

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 5275

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6008 Marmaduke Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 6008 Marmaduke 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JESSIE B. SCHERR

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife E. Ed. Scherr

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

7. Birth date of deceased March (Month) 7 (Day) 1864 (Year)

8. AGE: Years 84 | Months 3 | Days 1 | If less than one day hr. min.

9. Birthplace Otterville Ontario Canada 9
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER 12. Name Wm. H. Forman

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

MOTHER 14. Maiden name Amelia Hixon

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

16. (a) Informant Adele M. Scherr

(b) Address 6008 Marmaduke

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director C. Hoffmeister Colonial Mortuary

(b) Address 6464 Chippewa St.

19. (a) JUN 9 1948 (Date received local registrar) (b) J. F. Brence (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1948 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from May 27 1948 to June 8 1948 that I last saw him alive on June 8 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: myocarditis	
Due to: Cancer of lung	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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

23. Signature Richard Graeser (M. D. or other)

Address 968 Arcade Bldg. Date signed 6/9/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Graeser
Arcade Bldg.

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....Louis C. Hoffmeister

Licensed Embalmer No.....3871

P. O. Address..7814 S. Broadw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.