

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

38613

State File No. 9754

FILED NOV 21 1948
Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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

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:
1800B Arsenal Street
(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) 65 years

3: (a) PRINT FULL NAME Mr. Harry Scharpenberg

3: (b) If veteran, name war _____

3: (c) Social Security No. 488-03-9065A

4. Sex Male Color or race 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 January 26, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 9 13 hr. min.

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

10. Usual occupation Cooper

11. Industry or business Cooperage Co.

12. Name John Scharpenberg

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

14. Maiden name Emilie Fabry

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

16: (a) Informant Mr. Walter Scharpenberg

(b) Address 2804 McNair

17: (a) Burial (b) Date thereof Nov. 10, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18: (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19: (a) NOV 9 1948 (b) J. B. Laster
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 1800B Arsenal St.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8th
year 1948 hour 5 minute 00 A. M.

21. I hereby certify that I attended the deceased from about
January, 1947, to Nov 8th, 1948
(that I last saw him alive on Nov 8th, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 2 days

Due to Chronic Myocardial Disease 2 years

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
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) (e) Means of injury _____

23. Signature Paul B. Webb (M. D. or other)

Address 1915 1/2 Sidway St. Date signed 11/12/48

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 Maale Paulson

Licensed Embalmer No. 4114

P. O. Address. 1936 ft 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.