

FILED JUL 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25256
6220

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

| | | | | | |
|--|---------------------------|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis | | c. LENGTH OF STAY (in this place) 2 Days | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital | | d. STREET ADDRESS (If rural, give location) 847 Belt Avenue | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) F. c. (Last) Scheuermann | | | 4. DATE OF DEATH (Month) (Day) (Year) July 14th, 1949 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Oct. 4, 1883 | 9. AGE (In years last birthday) 65 | IF UNDER 1 YEAR 9 Months |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Shipping Clerk | 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Henry Scheuermann | | 13b. MOTHER'S MAIDEN NAME Dena Sahrman | | 14. NAME OF HUSBAND OR WIFE Late Dora Scheuermann | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Harry A. Scheuermann, 847 Belt Avenue | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial degeneration | | ANTECEDENT CAUSES DUE TO (b) Chronic bronchitis DUE TO (c) erosion of bronchial vessels | | | Post 6 mo. 3 yrs 3 days |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Undernutrition | | | Post year |
| 19a. DATE OF OPERATION None | | 19b. MAJOR FINDINGS OF OPERATION None | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) None | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis 112no. | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? no injury. 2H1K | |
| 22. I hereby certify that I attended the deceased from June 1946, to July 14, 1949, that I last saw the deceased alive on 14 July, 1949, and that death occurred at 11:00P m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) Henry Rosenberg M.D. | | 23b. ADDRESS 1467 N. Union | | 23c. DATE SIGNED July 16, 1949 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 7/18/49 | | 24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery | |
| 24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd. | | | |
| DATE REC'D BY LOCAL REG. JUL 18 1949 | | REGISTRAR'S SIGNATURE J. B. Sasser | | | |

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed John A. Murrain

Licensed Embalmer No. 4186

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.