

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

42806
10288

State File No. _____

Registrar's No. _____

FILED DEC 18 1950

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. 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 St. Louis		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo., 2059		d. STREET ADDRESS (If rural, give location) 5803 Waterman Blv'd.,
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital					
3. NAME OF DECEASED (Type or Print) a. (First) JOHANNA		b. (Middle) ZIMMERMAN		c. (Last) SCHERRER	
4. DATE OF DEATH (Month) (Day) (Year) 12 2 50		5. SEX female		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Feb. 18, 1875		9. AGE (In years last birthday) 75 if under 1 year: Months 9 Days 14 if under 12 mos. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Union, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME unknown Zimmerman		13b. MOTHER'S MAIDEN NAME Catherine Fink	
14. NAME OF HUSBAND OR WIFE Frederick W. Scherrer		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Dr. Fred W. Scherrer-Metropolitan Bldg.		17. ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage ruptured torn Aorta and multiple fractured ribs suffered when deceased jumped from house 511 of Deaconess Hospital to the ground below around 1100 AM Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Died 2 1950 while suffering from a mental aberration Conditions contributing to the death but not related to the disease or condition causing death _____			INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Suicide		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Roof		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 2 50 1100 A m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E978X	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1105A m. , from the causes and on the date stated above.					
23a. SIGNATURE <i>[Signature]</i>			23b. ADDRESS 1306 Clark		23c. DATE SIGNED 12/24/50
24a. BURIAL, CREMATION, REMOVAL (Specify) entombment		24b. DATE 0 12-5-50	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
DATE REC'D BY LOCAL REG. JEL 4		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons - 7233 Delmar Blv'd.,	
				ADDRESS University City, Mo.	

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

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Arnold W. Schoene

Signed.....
Student Embalmer

Licensed Embalmer No. *3864*

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.