

FILED MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10553  
2295  
Registrar's No.

|   |  |  |  |  |  |  |  |  |  |   |  |
|---|--|--|--|--|--|--|--|--|--|---|--|
| BIRTH NO.   |  | REG. DIST. NO. 318   |  | PRIMARY REG. DIST. NO. 1003  |  | Registrar's No.  |  |  |  |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri  |  |  |  | b. COUNTY  |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give 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   |  | 2159   |  |  |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hosp.  |  |  |  | d. STREET ADDRESS (If rural, give location) 15 5233 Steffens   |  |  |  | 0  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) WALTER  |  |  | b. (Middle) CONRAD   |  |  | c. (Last) SCHEUERMAN Sr.   |  |  |  |   |  |
| 4. DATE OF DEATH (Month) (Day) (Year)   |  | 3/10/52  |  | 5. SEX Male  |  | 6. COLOR OR RACE White   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married                             |  |   |  |
| 8. DATE OF BIRTH Aug. 23, 1891  |  |  | 9. AGE (In years last birthday) 60                                   |  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Train Clerk   |  | 10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. RR  |  |   |  |
| 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri   |  |  | 12. CITIZEN OF WHAT COUNTRY? USA                                     |  |  | 13a. FATHER'S NAME Louis Scheuerman  |  |  | 13b. MOTHER'S MAIDEN NAME Unknown  |   |  |
| 14. NAME OF HUSBAND OR WIFE Catherine   |  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No |  |  | 16. SOCIAL SECURITY NO. 702-14-6582  |  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Catherine Scheuerman-5233 Steffens |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  |  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured myocardium<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Acute myocardial infarction 3 days post-in<br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br>Secondary ulcer<br>Hiatal hernia |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><br>1 year   |  |   |  |
| 19a. DATE OF OPERATION x  |  | 19b. MAJOR FINDINGS OF OPERATION x   |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |  | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) x   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) x |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) x  |  | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? x   |  | 22. I hereby certify that I attended the deceased from Feb 21, 1952, to March 10, 1952, that I last saw the deceased alive on March 10, 1952, and that death occurred at 2 A m., from the causes and on the date stated above. |  | 23a. SIGNATURE (Degree or title) [Signature] MD  |  | 23b. ADDRESS No. Pac. Hospital March 10, 52     |  |
| 23c. DATE SIGNED  |  | 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal  |  | 24b. DATE 3/14/52  |  | 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.   |  | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri                      |  |   |  |
| DATE REC'D BY LOCAL REG. MAR 11 1952  |  | REGISTRAR'S SIGNATURE [Signature]  |  | 25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Helderle   |  | ADDRESS 3634 Gravois   |  | m8B (Licensed Embalmer's Statement on Reverse Side)  |  |   |  |

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Frank J. Paul Sr.*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*29645  
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.