

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **43798**  
 Registrar's No. **10902**

FILED JAN 10 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b> <b>2149</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Baptist Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>14 5825 Nottingham</b>	
3. NAME OF DECEASED (Type or Print) <b>Joseph</b>		a. (First) <b>Joseph</b>	b. (Middle) <b>C.</b>
c. (Last) <b>Scher</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 26 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Feb. 26, 1892</b>
9. AGE (In years last birthday) <b>60</b>		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pharmacist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Niemeyer Pharmacy</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Belleville, Ill.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Joseph C. Scher</b>	
13b. MOTHER'S MAIDEN NAME <b>Wilhelmina Hoffmeister</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Mr Lambert Mennemeyer, 5825 Nottingham</b>		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b> ANTECEDENT CAUSES <b>Gastric Resection; while undergoing an operation at Missouri Baptist Hosp. on Nov 26 1952 at about 1230 am</b> DUE TO (b) <b>at Missouri Baptist</b> DUE TO (c) <b>at Missouri Baptist</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>about 1230 am</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION.	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>5781</b>		22. I hereby certify that I attended the deceased from <b>10</b> to <b>19</b> , that I last saw the deceased alive on <b>19</b> , and that death occurred at <b>12:30 P.M.</b> , from the causes and on the date stated above.	
23. SIGNATURE <b>Catrick E. Rayler Carson</b>		23b. ADDRESS <b>1300 Clark</b>	
23c. DATE SIGNED <b>11-26-52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>11-28-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemeter</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Beiderwieden F.H. Inc.</b>	
25. ADDRESS <b>1936 St. Louis Ave.</b>		DATE REC'D BY LOCAL REG. <b>NOV 26 1952</b>	
REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Beiderwieden F.H. Inc.</b>	

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 Max L. Warfel

Licensed Embalmer No. 4170

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.