

FILED FEB 23 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4485

BIRTH NO. FILED FEB 23 1954 REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 4182 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW HAVEN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW HAVEN</u>	
c. LENGTH OF STAY (In this place) <u>5 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>0360</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALWINE</u> b. (Middle) <u>EMILIE</u> c. (Last) <u>SCHER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-17-54</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	
8. DATE OF BIRTH <u>OCT. 2, 1969</u>		9. AGE (In years less birthday) <u>84</u>		10. IF UNDER 1 YEAR: Months <u>4</u> Days <u>15</u> IF UNDER 24 HRS: Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		
11. BIRTHPLACE (City and State or Foreign Country) <u>CASCO MISSOURI</u>			12. CITIZEN OF WHAT COUNTRY? <u>US</u>		

13a. FATHER'S NAME <u>FRIEDRICH BEBERMEIER</u>		13b. MOTHER'S MAIDEN NAME <u>WILHEMINA DIERKING</u>		14. NAME OF HUSBAND OR WIFE <u>LOUIS SCHER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Walter Scher</u> ADDRESS <u>New Haven</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>334 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?	
22. I hereby certify that I attended the deceased from <u>9/22</u> , 19 <u>47</u> , to <u>2/17</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>2/17</u> , 19 <u>54</u> , and that death occurred at <u>9:05 P.M.</u> , from the causes and on the date stated above.							

23a. SIGNATURE (Degree or title) <u>Dr. Fishman</u> M.D.			23b. ADDRESS <u>New Haven, Mo.</u>			23c. DATE SIGNED <u>2/19/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-21-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BEOUF LUTHERAN CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>NEW HAVEN (BEOUF) MO</u>	
DATE REC'D BY LOCAL REG <u>Feb 20-54</u>		REGISTRAR'S SIGNATURE <u>Edua D. Junge</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>L.P. Feibig &amp; Son, New Haven, Mo.</u> ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

0360

**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

*Earl Festing*

Licensed Embalmer No. *3385*

P. O. Address *Yonkers, N.Y.*

**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.