

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39203

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9856

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Mo b. COUNTY   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN ST LOUIS  |  | c. CITY OR TOWN ST LOUIS  |  |
| c. LENGTH OF STAY (in this place)<br>2 YRS  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>ST REGIS HOTEL<br>421 N. BROADWAY  |  | e. STREET ADDRESS (If rural, give location)<br>421 N. BROADWAY 2259   |  |
| 3. NAME OF DECEASED<br>(Type or Print) EDWARD   |  | c. (Last) SCHERRER  |  |
| 4. DATE OF DEATH (Month) (Day) (Year)<br>OCT 31-1954  |  | 5. SEX MALE   |  |
| 6. COLOR OR RACE WHITE  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <del>SEPARATED</del><br>SINGLE  |  |
| 8. DATE OF BIRTH MAY 7-1903   |  | 9. AGE (In years last birthday) 51  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>COMMON   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>LABORER  |  |
| 11. BIRTHPLACE (City and State or Foreign Country)<br>E ST LOUIS ILL  |  | 12. CITIZEN OF WHAT COUNTRY?<br>USA   |  |
| 13a. FATHER'S NAME<br>FRANK SCHERRER  |  | 13b. MOTHER'S MAIDEN NAME<br>IDA KIBURTZ  |  |
| 14. NAME OF HUSBAND OR WIFE   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   |  |
| 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT'S SIGNATURE OR NAME<br>Thomas E Urban 3032 Audubon Pl<br>E St Louis 22  |  |
| 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) _____<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Coronary Occlusion<br>DUE TO (c) Coronary Sclerosis<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |  |
| 20. AUTOPSY<br>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<br>4201   |  | 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 _____ m., from the causes and on the date stated above.   |  |
| 22a. SIGNATURE<br>Patrick C. Taylor Carouin (Degree or title)   |  | 22b. ADDRESS<br>1300 Clark  |  |
| 22c. DATE SIGNED<br>OCT 31 1954   |  | 23a. FUNERAL CREMATION, REMOVAL (Specify)<br>REMOVAL  |  |
| 23b. DATE<br>Nov. 1-1954  |  | 23c. NAME OF CEMETERY OR CREMATORY  |  |
| 23d. LOCATION (City, town, or county) (State)<br>EAST ST LOUIS ILL  |  | 24. DATE REC'D BY LOCAL REG.<br>NOV 1 1954  |  |
| 24a. REGISTRAR'S SIGNATURE<br>K. Smith MD   |  | 24b. FUNERAL DIRECTOR'S SIGNATURE<br>Harry Robins   |  |
| 24c. ADDRESS<br>417 N 8 St<br>E St Louis 22   |  | 25. (Licensed Embalmer's Statement on Reverse Side)   |  |

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

DEC 29 1955

**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.....  
Signature of Student Embalmer

Signed.....  
*Frank Prokoff*

Licensed Embalmer No. 43

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.