

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10144
2423

FILED MAR 31 1955

State File No.
Registrar's 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 <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>	c. LENGTH OF STAY (in this place) <i>5 days</i>	c. CITY OR TOWN <i>St. Louis</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. John's</i>		STREET ADDRESS (If rural, give location) <i>5 5946 Waterman</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Nellie</i> b. (Middle) <i>Scheer</i> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <i>3/14/55</i>
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>12/5/1894</i>
9. AGE (In years, last birthday) <i>70</i>		IF UNDER 1 YEAR Months <i>3</i> Days <i>9</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>ref</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>St. Louis Mo</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Patrick Walsh</i>	
13b. MOTHER'S MAIDEN NAME <i>Catherine Ruddy</i>		14. NAME OF HUSBAND OR WIFE <i>Fred</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>—</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Mr. Fred Scheer</i>		ADDRESS <i>5946 Waterman</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Adenocarcinoma of the rectum</i>		INTERVAL BETWEEN ONSET AND DEATH <i>unknown</i>	
*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 DUE TO (b) <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <i>3-12-55</i>	19b. MAJOR FINDINGS OF OPERATION <i>Perforation of Bowel & metastases & Brittonitis</i>		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? <i>154X</i>	
22. I hereby certify that I attended the deceased from <i>2-22</i> , 19 <i>55</i> , to <i>3-14</i> , 1955, that I last saw the deceased alive on <i>3-14</i> , 1955, and that death occurred at <i>4:22 P.</i> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Am Higgins, MD</i>		23b. ADDRESS <i>734 No. Theater Bldg.</i>	23c. DATE SIGNED <i>3-15-55</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>3/17/55</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo</i>
DATE REC'D BY LOCAL REG. <i>MAR 16 1955</i>	REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Wm. A. Howard</i>	
		ADDRESS <i>619 So. Grand</i>	

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.....
Signature of Student Embalmer

Signed *John J. Haines*
Licensed Embalmer No. *416*
P. O. Address *J. Haines*

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.