

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No.

20380

5220

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>St Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2737 Allen</u>				STREET ADDRESS (If rural, give location) <u>23 2737 Allen</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Herman</u>		b. (Middle) _____		c. (Last) <u>Scheve</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 15 1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Apr 15 1869</u>	
9. AGE (in years last birthday) <u>86</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 14 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Milk Wagon Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Milk</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Bernard Scheve</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Rose Knott Scheve</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gatherine Walsh 2737 Allen</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION * DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocardial Disease and Arterio-Sclerosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4221</u>			
22. I hereby certify that I attended the deceased <u>Robert J. Webb</u> on <u>June 15th 1955</u> , to <u>June 15th 1955</u> , that I last saw the deceased alive on <u>June 15th 1955</u> , and that death occurred at <u>12:50 P.M.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Paul B. Webb</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>1915 Sidney</u>		23c. DATE SIGNED <u>6/16/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 18 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SS Peter & Paul</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>	
DATE REC'D BY LOCAL REG. <u>JUN 16 1955</u>		REGISTRAR'S SIGNATURE <u>J. Paul Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E.J. Schnur 3125 Lafayette</u>			

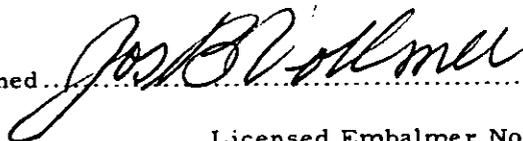
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....



Licensed Embalmer No. 410

P. O. Address 3125 S. 1st St.

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.