

Public Health Service
 100-56
 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED FEB 4 1957

3289
 STATE FILE NUMBER

4700-57 Registration District No. 319 Primary Registration District No. 4469 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>STE. GENEVIEVE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>STE. GENEVIEVE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>48 WASHINGTON</u>			Length of stay in lb <u>25 DAYS</u>		d. STREET ADDRESS <u>48 WASHINGTON</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>RICHARD</u> Middle <u>EUGENE</u> Last <u>SCHERER</u>				4. DATE OF DEATH Month <u>JAN</u> Day <u>26</u> Year <u>1957</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>JAN 2 1957</u>		9. AGE (In years last birthday) <u>25</u>	IF UNDER 1 YEAR Months <u>25</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>STE. GENEVIEVE</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>MARVIN SCHERER</u>				14. MOTHER'S MAIDEN NAME <u>WANALEE LAROSE</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 Address <u>Mother Scherer Ste. Genevieve Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>SUFFICATION IN BED</u>							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) _____		9240	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>18</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <u>7:30</u> a. m. <u>0</u> p. m. <u>0</u>		Month <u>1</u> Day <u>26</u> Year <u>1957</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>		20f. CITY, TOWN, OR LOCATION <u>STE. GENEVIEVE</u>		COUNTY <u>STE. GENEVIEVE</u>	STATE <u>MO</u>
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Resc. Barber</u>			(Degree or title) <u>Coroner</u>			22b. ADDRESS <u>St. Genevieve Mo</u>	22c. DATE SIGNED <u>1/26/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1/27/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WAKE SPRING</u>		23d. LOCATION (City, town, or county) <u>STE. GENEVIEVE</u>		(State) <u>MO</u>
24. FUNERAL DIRECTOR <u>Resc. Barber St. Genevieve Mo</u>			ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Jan. 26, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Lucille Barber</u>	

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 *Adrian J. Miller*

Licensed Embalmer No. *47*

P. O. Address *St. James*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.