

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15239

STATE FILE NUMBER 3169

FILED APR 22 1957

318

1003

Registration District No. Primary Registration District No. Registrar's No.

Health & Welfare Public Health Service  
S. 300  
1-56  
All symptoms will be listed. All 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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY <i>St. Louis</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis, Mo.</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Brentwood 4511</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>DePaul Hospital</i>		Length of stay in 1b	STREET ADDRESS <i>227 2317 Parkridge Ave</i>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Matt J.</i> Middle <i>Scherer</i> Last			4. DATE OF DEATH Month <i>March</i> Day <i>31</i> Year <i>1957</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Nov. 21, 1879</i>		9. AGE (In years last birthday) <i>77</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Lawyer, Gen. Councilor</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo.</i>	
13. FATHER'S NAME <i>Martin Scherer</i>			14. MOTHER'S MAIDEN NAME <i>Henriette Hohl</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no none</i>		16. SOCIAL SECURITY NO. <i>Unk.</i>		17. INFORMANT Address <i>Clara Scherer 2317 Parkridge Ave., Brentwood, Mo.</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction</i> DUE TO (b) <i>Coronary Insufficiency</i> DUE TO (c) <i>Atherosclerotic Heart Disease</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs - Indef.</i>
20a. ACCIDENT <input 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.) <i>420.0</i>		
20c. TIME OF INJURY Hour a. m. p. m.					
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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>Oct 20 - 1956</i> <i>3/31/57</i> and last saw <i>her</i> <i>him</i> alive on <i>3/29/57</i> . Death occurred at <i>10 a.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>John B. Meyers</i>			22b. ADDRESS <i>440 Mo. Theater Bldg.</i>		22c. DATE SIGNED <i>4/1/57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>4-3-57</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Sunset Burial Park</i>	
				23d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i>	
24. FUNERAL DIRECTOR <i>Southern Funeral Home</i> <i>6322 S. Grand, St. Louis, Mo.</i>			25. DATE RECD. BY LOCAL REG. <i>APR 1 '57</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith</i>

Mr. John Meyers  
390 3d Ave

→ 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 *David Van Tassan* .....

Licensed Embalmer No. *1242*

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.