

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

30473

State File No. _____

No. 300 XC 305 80 21

CF: St. Louis, Mo. **FILED SEP 4 1957**

BIRTH NO. _____ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **500** Registrar's No. **1991**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF. BRKS., MO.		c. LENGTH OF STAY (in this place) 845	c. CITY OR TOWN PINE LAWN, MO. 4151/10 3449 AVONDALE 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 VA HOSPITAL, JEFF. BKS, MO.			
e. STREET ADDRESS (If rural, give location) Arbor Terrace as above 3449 Avondale			

3. NAME OF DECEASED (Type or Print) a. (First) ROY b. (Middle) J. c. (Last) SCHARFENBERGER			4. DATE OF DEATH (Month) (Day) (Year) 8-9-57		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BRASS POLISHER		10b. KIND OF BUSINESS OR INDUSTRY Modern Brass Co		8. DATE OF BIRTH 5-28-20	
11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO.		9. AGE (In years last birthday) 37 if UNDER 1 YEAR: Months _____ Days _____ if UNDER 1 Wks.: Hours _____ Min. _____			
12. CITIZEN OF WHAT COUNTRY? USA		14. NAME OF HUSBAND OR WIFE None			

13a. FATHER'S NAME ARTHUR P. SCHARFENBERGER		13b. MOTHER'S MAIDEN NAME MARIE DOTT		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWII		16. SOCIAL SECURITY NO. 486-16-6908		17. INFORMANT'S SIGNATURE OR NAME Arthur Scharfenberger	
				ADDRESS 3449 Avondale Ave VA HOSPITAL RECORDS, JEFF. BKS, MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PAPILLARY ADENOCARCINOMA OF THE CECUM			27 MOB.	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 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) 15.3x	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) VA		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 4-16-55, 19, to 8-9-57, 19, that I had seen the deceased and that death occurred at 1:30 PM, from the causes and on the date stated above.

23a. SIGNATURE C.M. Schiek C.M. SCHIEK		23b. ADDRESS M. D. VA HOSPITAL, JEFF. BKS, MO.		23c. DATE SIGNED 8-9-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug 12 1957		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	

DATE REC'D BY LOCAL REG. 8-10-57		REGISTRAR'S SIGNATURE Herbert R. Dombek		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc., 2161 E. Fair Av	
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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 *W. Ford G. Burnley*.....
Licensed Embalmer No. *420*.....
P. O. Address *S. J. Fourness*.....

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.