

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016354
STATE FILE NUMBER

FILED MAY 7 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1038

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| 1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>GARDENVILLE</u> | | c. CITY OR TOWN <u>ST. LOUIS</u> | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NQT in hospital, give location), HOSPITAL OR INSTITUTION <u>MILLER NURSING HOME</u> | | d. STREET ADDRESS (If outside, give location) <u>3624 MERAMEC</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Louis</u> Middle <u>L</u> Last <u>SCHER</u> | | 4. DATE OF DEATH Month <u>APRIL</u> Day <u>16</u> Year <u>1959</u> | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>AUG 21 1881</u> |
| 9. AGE (In years last birthday) <u>77</u> | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED DAY LABORER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and state or country) <u>ILLINOIS</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U-S-A</u> | | 13a. FATHER'S NAME <u>JOHN SCHER</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>CATHERINE GAERTNER</u> | | 14. NAME OF HUSBAND OR WIFE <u>GRETCHEN SCHER</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>305-05-9268</u> | 17. INFORMANT Address <u>JULIUS EVANS 3624 MERAMEC</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>Non Pneumonia Rt Lung</u> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>492X</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 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.) | | 20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. | |
| 20d. INJURY OCCURRED WHILE AT <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 <u>7-26-58</u> to <u>9:30 Pm</u> and last saw <u>him</u> alive on <u>4-16-59</u> Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>S Dworkin M.D.</u> (Degree or title) | | 22b. ADDRESS <u>1657 So Grand</u> | |
| 22c. DATE SIGNED <u>4-17-59</u> | | 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | |
| 23b. DATE <u>APR. 18 1959</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>CROWN HILL CEM. INDIANAPOLIS</u> | |
| 23d. LOCATION (City, town, or county) <u>IND.</u> | | 24. FUNERAL DIRECTOR <u>Thomas Kutas 2906 Grovia</u> | |
| 25. DATE RECD. BY LOCAL REG. <u>4-17-59</u> | | 26. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 Eleanor Province

Licensed Embalmer No. 3403

P. O. Address Jennings

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.