

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023751

STATE FILE NUMBER

FILED JUL 3 1959

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1664

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Fenton 4000
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Fieser Nursing Home-4 Mo.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Rt. #2
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Myrtle Middle Last Scherzinger			4. DATE OF DEATH Month 6 Day 18 Year 59		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6/23/1887	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Resturant	11. BIRTHPLACE (City and state or country) Florissant Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME J. Hubert	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE unk.
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 487-40-7110	17. INFORMANT Address Wilbert P. Wahlig
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain hemorrhage due to rupture of arteriosclerotic brain artery		INTERVAL BETWEEN ONSET AND DEATH 1 wk.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic hypertensive cardiovascular disease with decompensation		2 years
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? 443X 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.)
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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
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21. I attended the deceased from March 22, 1956 to 6-18-59 and last saw ^{her} _{him} alive on 6-11-59 Death occurred at 6:30 p. m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>[Signature]</i> (Degree or title) M.D.	22b. ADDRESS 634 N. Grand Blvd.	22c. DATE SIGNED 6/19/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/22/59	23c. NAME OF CEMETERY OR CREMATORY St. Ferdinand Cem.	23d. LOCATION (City, town, or county) (State) Florissant Mo.
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24. FUNERAL DIRECTOR <i>[Signature]</i> ADDRESS 404 Main Linton Mo	25. DATE RECD. BY LOCAL REG. 6-19-59	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Daniel J. Mahan*

Licensed Embalmer No. *4326*

P. O. Address *Waco, Tex*

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.