

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038400

FILED VS NOV 6 1959

Registration District No. **317** Primary Registration District No. **547** Registrar's No. **2759** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Richmond Mo Length of stay in 1b 12 days		c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6030 Waterman Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First **Helen** Middle **Scheer** Last
4. DATE OF DEATH Month **10** Day **17** Year **59**

5. SEX **F** 6. COLOR OR RACE **W** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **9/2/1877** 9. AGE (last birthday) **82** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **clerk** 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) **Boston, Mass.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Dieterich Scheer** 13b. MOTHER'S MAIDEN NAME **Anna Homerkamp** 14. NAME OF HUSBAND OR WIFE

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. **488-10-9065** 17. INFORMANT **Miss Ann Scheer** Address **6030 Waterman**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Cerebral Hemorrhage** INTERVAL BETWEEN ONSET AND DEATH **10/6/59**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Generalized arteriosclerosis** **Several years**
DUE TO (c) **Hypertensive disease** **331x**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 WORK NOT WHILE AT WORK 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 **10/6/59** to **10/17/59** and last saw her ^{her} _{him,} alive on **10/17/59**. Death occurred at **6:00 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Thomas E. Broussard** 22b. ADDRESS **4660 Maryland Ave.** 22c. DATE SIGNED **10/19/59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **10/20/59** 23c. NAME OF CEMETERY OR CREMATORY **Calvary** 23d. LOCATION (City, town, or county) **St. Louis Mo.** (State)

24. FUNERAL DIRECTOR **Jos. A. Howard** ADDRESS **1619 So. Grand** 25. DATE RECD. BY LOCAL REG. **OCT 19 1959** 26. REGISTRAR'S SIGNATURE **J. M. Murphy**

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Elmer R Padgett

Licensed Embalmer No. 40

P. O. Address St Louis

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