

William B. Scharr Commander 1946

Born 31 Jan 1871 to John J Scharr and his wife, Mary Paul, in St. Louis, MO. His father was probably the same soldier who served in the 1st Missouri Light Artillery.

He was a postal carrier, whose wife name was Alama. William Scharr died of cerebral hemorrhage on 20 Feb 1949 was buried in Valhalla Cemetery, St. Louis, MO.

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FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6646
State File No. 1701

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| c. LENGTH OF STAY (In this place) 45 Days | | d. STREET ADDRESS (If rural, give location) 810 East Prairie Av. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 810 East Prairie Av. | | d. STREET ADDRESS (If rural, give location) 810 East Prairie Av. | |
| 3. NAME OF DECEASED a. (First) William b. (Middle) Bernard c. (Last) Scharr | | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 20 1949 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed | 8. DATE OF BIRTH Jan. 31 1871 |
| 9. AGE (In years last birthday) 78 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Letter Carrier | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. |
| 10b. KIND OF BUSINESS OR INDUSTRY | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME John J. Scharr | | 13b. MOTHER'S MAIDEN NAME Mary Paul | 14. NAME OF HUSBAND OR WIFE Alma Scharr Deceased |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Florence Trunk 810 E. Prairie |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Parenchymatous Nephritis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 191 575X | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 8-12, 1947, to 2-20, 1949, that I last saw the deceased alive on 2-20, 1949, and that death occurred at 7:15 a.m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Vincent F. Townsend MD | | 23b. ADDRESS 3101 S. Sutton Ave. Maplewood, Mo. | 23c. DATE SIGNED 2-21-49 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | 24b. DATE Feb. 23 1949 | 24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. |
| DATE REC'D BY LOCAL FEB 23 1949 | REGISTRAR'S SIGNATURE J. B. Foster | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. M. Schumacher 3013 MERAMEC | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD