

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

JUN 12 1935

17772

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **City Hospital No. City, Wash.** St. Ward)

File No.
Registered No. **4080**
St. Ward)

2. FULL NAME

(a) Residence, No. **5616 Green Ave.** Ward. **6**

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Divorced**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Amanda Scholl**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Not known**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
Abt. 50

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Painter**

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

FATHER 13. NAME **Henry Scholl**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Martha White**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Rev. Aug. C. Pasche 4016 St. Louis Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter's** DATE **May 6 1935**

19. UNDERTAKER (ADDRESS) **Funerary Home 3402 N. Sangamon Ave**

20. FILED **MAY - 6 1935** **J. Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 3 1935**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at **8:05 A.M.**

The principal cause of death and related causes of importance were as follows:

Volvulus Small Intestines, Chronic Myocarditis, Chronic Interstitial Nephritis, Cirrhosis of Liver, Splenitis.

Other contributory causes of importance: **1245**

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify..... (Signed) **J. Brebeck** M. D.

(Address) **St. Louis, Mo.**

