

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

Do not use this space.

1 JUL 27 1935

20811

1. PLACE OF DEATH
 County St Charles Registration District No. 157
 Township _____ Primary Registration District No. 3036
 City St Charles (No. 790 St Benton) St. _____ Ward _____

2. FULL NAME Charles Scrolle
 (a) Residence, No. 725 St Benton St. _____ Ward _____
 (Usual place of abode) (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*) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Beltra Ollig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27 - 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>79</u>	<u>2</u>	<u>16</u>	

OCCUPATION

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

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

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) Germany

MOTHER FATHER

13. NAME Joseph Scholle

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

15. MAIDEN NAME Anna Bunderbely

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

17. INFORMANT (ADDRESS) Ollig Scholle
St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Lutheran home DATE June 14 1935

19. UNDERTAKER H. C. Dalmeyer & Sons Co
 (ADDRESS) 800 N Grand St Charles Mo

20. FILED 615 1935 Clarence S. Kessler
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13th 1935

22. I HEREBY CERTIFY, That I attended deceased from May 11th 1935 to June 13th 1935
 I last saw him alive on June 13th 1935. Death is said to have occurred on the date stated above, at 4 A. m.
 The principal cause of death and related causes of importance were as follows:

Date of onset _____

Arteritis Obliterans May 11/35
(Dry gangrene)

Other contributory causes of importance:
Chronic Nephritis
Gen. Arterio Sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Was there an autopsy? No

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? No
 If so, specify _____
 (Signed) A. Perich Schull _____, M. D.
 (Address) St Charles, Mo

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.

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