

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

Do not use this space.

FEB 11 1936

3884

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **45-49, Adelaide Ave**) St. **1150** (Ward)

2. FULL NAME *Amelia Scollay*

(a) Residence, No. **4549 Adelaide** St., **9** Ward.
(Usual place of abode)
Length of residence in city or town where death occurred **25** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <i>Robert H. Scollay</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 14 - 1887</i>		
7. AGE	YEARS <i>48</i>	MONTHS <i>8</i>
	DAYS <i>15</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	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. <i>Housewife</i>	
	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) *Tanner Co., Mo.*

13. NAME *Harry Klaybocker*

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

15. MAIDEN NAME *Amelia Blot*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tanner Co., Mo.*

17. INFORMANT (ADDRESS) *Robert H. Scollay 4549 Adelaide Ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Valhalla* DATE *Feb 11 1936*

19. UNDERTAKER (ADDRESS) *Kreager - First - St 340 2nd N. Kingshighway*

20. FILED *Jan 31 1936 J. P. Bredeh Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1/29/36* 19 *36*

22. I HEREBY CERTIFY, That I attended deceased from *Jan. 22* 19 *36*, to *Jan 29* 19 *36*
I last saw h. *4* alive on *Jan. 29* 19 *36* Death is said to have occurred on the date stated above, at *4:15 p. m.*

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

Robert Pneumonia Type 4
108

Other contributory causes of importance: *Chronic Endocarditis*

Date of onset
Jan 22 1936
some time

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) *Alfred Hestorler* M. D.
(Address) *4244 W. Glorissant Ave*

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.

