APR 28 1936

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

Do not use this space.

17168

File No. 3930

Registered No.

1. PLACE OF DEATH

County

Registration District No. 1003

Primary Registration District No.

Township

City St. Louis (No. De Paul Hospital St. Ward)

2. FULL NAME Louis A. Schollmeyer

(a) Residence, No. 5631 Nottingham St., 14 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Schollmeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 12, 1887

7. AGE: Years 48 | Months 6 | Days 26 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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 Schollmeyer

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

MOTHER

15. MAIDEN NAME: Augusta Kroeck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo

17. INFORMANT (ADDRESS): Mrs. Louis Schollmeyer, 5631 Nottingham

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE 4-11, 1936

19. UNDERTAKER (ADDRESS): Southern Und. Co. 6322 S. Grand.

20. FILED APR 10 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-7, 1936

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:50 p.m.

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

Lobar Pneumonia
Contr. Fract. right ribs + left ankle
recd. when struck by auto (driver by deceased) struck a trolley pole.

Date of onset

Other contributory causes of importance:

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? Accid. Date of injury 4/2, 1936

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

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

Manner of injury: see above

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. F. Sweeney, M. D.

(Address) St. Louis Mo.

4/10/36

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.