

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.

SEP 15 1936

32365

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 3808 Gravois Ave.)

File No.....
Registered No. 8184
St. Ward)

2. FULL NAME Louis A. Schollmeyer

(a) Residence, No. 3808 Gravois Ave. St. 16 Ward.

(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 Bertha M. Schollmeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
45 1 16

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. Union Electric
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.

MOTHER 13. NAME Louis Schollmeyer

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

15. MAIDEN NAME Mathilda Schaefer

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

17. INFORMANT Bertha M. Schollmeyer (ADDRESS) 3808 Gravois Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial DATE Aug. 5, 1936

19. UNDERTAKER Wacker, Helderle (ADDRESS) 2331 Broadway

20. FILED AUG 4 1936 J. F. Bredel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1936, to Aug 2, 1936
I last saw him alive on Aug 2, 1936 Death is said to have occurred on the date stated above, at 12:44 P.M.
The principal cause of death and related causes of importance were as follows:

Myocarditis Acute following Chorea Date of onset 1 day

Other contributory causes of importance:
1. Nephritis Acute following
2. Arteriosclerosis
3. Hypertension 240/132

Name of operation none Date of.....
What test confirmed diagnosis? test Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury....., 19.....
Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) W. H. Burroughs, M. D.
(Address) 4755 Morganford

