

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

Do not use this space.

1. PLACE OF DEATH **SEP 15 1936**

**791**

**32446**

County..... Registration District No.....  
Township..... Primary Registration District No. **1003**  
City..... (No. **en route, City Hosp. #1,** St. .... Ward)

2. FULL NAME **Paul B. Scholtz**  
(a) Residence, No. **1915-a Benton** St. **26** Ward.  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Mary Kottmeyer Scholtz</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Jan. 25, 1872</b>				
7. AGE YEARS <b>64</b>	MONTHS <b>6</b>	DAYS <b>13</b>	If LESS than 1 day, ..... hrs. or ..... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Butcher</b>			
	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) <b>AUG. 1936</b>		11. Total time (years) spent in this occupation <b>35 yrs.</b>	

**MEDICAL CERTIFICATE OF DEATH**

**No physician in attendance**  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 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 **9:30 A.**  
The principal cause of death and related causes of importance were as follows:

**Chronic Myocarditis  
Arterio-sclerosis  
Chronic Interstitial Nephritis**

Other contributory causes of importance:

**121**

Date of onset

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) **Harold Phelps**, M. D.  
(Address) **St. Louis**

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ft. Madison Iowa</b>
	13. NAME <b>Robert Scholtz</b>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>
	15. MAIDEN NAME <b>Marv Stegmann</b>
INFORMANT	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>
	17. INFORMANT <b>Mary K. Scholtz</b> (ADDRESS) <b>1915-a Benton St.</b>
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>New Bethlehem Cem. Aug. 10, 1936</b>	
19. UNDERTAKER <b>Beiderwieden Funeral Home</b> (ADDRESS) <b>1936 St. Louis Ave. Inc.</b>	
20. FILED <b>AUG 8 1936</b> <b>J. T. Bredeck</b> Registrar.	

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.

