

FEB 16 1937

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

Do not use this space.

887

1. PLACE OF DEATH
37 County Gasconade Registration District No. 303
Township Roark Primary Registration District No. 5420
City (No. 2) St. Ward

2. FULL NAME Hendrena Scholten
(a) Residence, No. St. 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 Female 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 Theo. Scholten

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-17-1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 2 30

OCCUPATION
8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 25
10. Date deceased last worked at this occupation (month and year) 1/10/37 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phineland Mo

FATHER
13. NAME Theo. Quecker 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Nellie Wendring 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Theo. Scholten R 70 Hermann Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Georges Cem. DATE 1/18/37

19. UNDERTAKER (ADDRESS) Hugo H. Blumberg Hermann Mo

20. FILED 1-18-37 Anna K. Kishoff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16, 1937

22. I HEREBY CERTIFY That I attended deceased from Jan. 15, 1936, to Jan. 16, 1937, 1937.
I last saw h. alive on Jan. 16, 1937. Death is said to have occurred on the date stated above, at 5:15 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy
Other contributory causes of importance: Ante-natal degeneration

Name of operation W Date of Jan. 13, 1937
What test confirmed diagnosis? — Was there an autopsy? —

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 no
(Signed) W. A. Peter, M.D. 3
(Address) Hermann, 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.

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY

1955

RECEIVED

TO THE DIRECTOR OF THE DIVISION OF THE PHYSICAL SCIENCES
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ROBERT M. HAYES

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