

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.

JUL 8 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City, **St. Louis** (No. **Central Hospital**)

File No. **22149**
Registered No. **5901**
St. Ward)

2. FULL NAME **Leonard J. Schollmeier**
(a) Residence, No. **Baden Sta. Rt. #3** St. **N. R.** Ward. **Baden Sta. Mo.**
(Usual place of abode) (If nonresident, give city of 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) Single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 15, 1937				
7. AGE YEARS 0	MONTHS 2	DAYS 1	IF LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None			
	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 Schollmeier			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis County Mo.			
MOTHER	15. MAIDEN NAME Marie Hachmeister			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis County MO.			
17. INFORMANT Henry Schollmeier (ADDRESS) Baden Sta. Rt #3				
18. BURIAL, CREMATION, OR REMOVAL PLACE Black Jack, Mo. DATE June 17, 1937				
19. UNDERTAKER A. Kron Latta (ADDRESS) 2707 N. Grand St.				
20. REGISTRAR J. Bredeck 2861 9T NAC 19. Registrar.				

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from **June 3, 1937**, to **June 16, 1937**.
I last saw him alive on **June 15, 1937**. Death is said to have occurred on the date stated above, at **5 1/2** a.m.
The principal cause of death and related causes of importance were as follows:
Whooping Cough (Date of onset **June 3**)
Thrombosis, Bronchial

Other contributory causes of importance:

Name of operation..... Date of.....
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.....
(Signed) **J. D. Hoover**, M. D.
(Address) **5209 N. Broadway**

