

SEP 14 1937

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

32660

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791
(b) Township..... Primary Registration District No. 1003
(c) City St Louis Mo (d) Street No. 4056 De Tony St St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 8714

2. PRINT FULL NAME John Henry Scholle

(a) Residence, No. 4056 De Tony St St. 17
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Lulu Scholle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
67 67 3 I

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Material man
9. Industry or business in which work was done, as saw mill, bank, etc. Public Service
10. Date deceased last worked at this occupation (month and year) 6 years 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren County Mo

13. NAME John Henry Scholle

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

15. MAIDEN NAME Anna Hoelscher

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

17. INFORMANT Mrs Lulu Scholle
(ADDRESS) 4056 De Tony St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jonesburg mo DATE Sept 19 1937

19. FUNERAL DIRECTOR Kriegshauser Unt Co
(ADDRESS) 4228 So Kinghighway Blvd

20. FILED SEP 17 1937 W. B. Biedeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) sept 16 37. 19

22. I HEREBY CERTIFY, that I attended deceased from May 21 1937 to Sept 16 1937
I last saw him alive on Sept 16 1937 Death is said to have occurred on the date stated above, at 445 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis?

Other contributory causes of importance:
Cerebral Hemiplegia

Name of operation Valvular Date of Sept 16 1937
What test confirmed diagnosis? Autopsy Was there an autopsy? no

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? no
If so, specify _____
(Signed) Joseph B. Gules M. D.
(Address) 1740 Bronte Ave

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.

3 PM

Chouteau

1740

Dr Charles

STATEMENT BY LICENSED EMBALMER

I, Reinhold K. Lohmann, Licensed Embalmer No. 3395

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Reinhold K. Lohmann
Licensed Embalmer No. 3395

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)