

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

35924
Do not use this space.

1. PLACE OF DEATH **15 1937**

(a) County Registration District No. **791**

(b) Township Primary Registration District No. **1003**

(c) City **St. Louis, Mo.** (d) Street No. **BARNES HOSPITAL** Registered No. **9501**
(If death occurred in Hospital or Institution, write its name instead of street and number) St.

(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.

2. PRINT FULL NAME **Olga Annie Scholbe**

(a) Residence, No. **2238 INDIANA** St. **23** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 **Jacob Scholbe**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 18th 1892**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
30	45	3	21	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House-work**

9. Industry or business in which work was done, as 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 **Ben Baudendistel**

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

MOTHER 15. MAIDEN NAME **Anna Beck**

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

17. INFORMANT (ADDRESS) **Jacob Scholbe 2238 Indiana Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Matthews** DATE **Oct. 12th, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **William Schumacher 23 Meramec Street**

20. FILED **OCT 12 1937** **J. Brebeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 9th. 1937**

22. I HEREBY CERTIFY, That I attended deceased from **10-2**, 19**37**, to **10-9**, 19**37**

I last saw her alive on **10-9**, 19**37**. Death is said to have occurred on the date stated above, at **3:10 p.m.**

The principal cause of death and related causes of importance were as follows:

Mesenteric Artery Embolism Date of onset

Other contributory causes of importance: **Rheumatic heart disease**

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) **Russell** M. D.
(Address) **BARNES HOSPITAL**

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.

STATEMENT BY LICENSED EMBALMER

I, Fred W. Wettig, Licensed Embalmer No. 1534

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

L. E.

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

Signed

Fred W. Wettig

Licensed Embalmer No. 1534

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.)