JAN 11 1939

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

44396
Do not use this space.

1. PLACE OF DEATH
(a) County St. Francois
(b) Township St. Francois
(c) City Farmington
Registration District No. 773
Primary Registration District No. 6018 A Registered No. 174
(d) Street No. State Hospital No 4. 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.

2. PRINT FULL NAME George Scholl
(a) Residence, No. St. Louis, Mo. St.
(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): Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 1, 1874
7. AGE: Years 64 | Months 1 | Days 25 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Electrical worker.
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, Missouri

FATHER
13. NAME: Frederick Scholl
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Biehl, Switzerland

MOTHER
15. MAIDEN NAME: Caroline Hoffman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri

17. INFORMANT (ADDRESS): State Hospital No. 4 Records, Farmington, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis DATE 12-28-38, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): F. I. Owens, St. Louis, Mo.

20. FILED Dec 28, 1938 V. J. Robinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-26-38, 19

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

	Date of onset
Cerebral softening	12-19-38
Cerebral syphilis	1930?
34	

Other contributory causes of importance: Generalized osteoarthrosis

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. & Lab. 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) Paul J. Schrad M. D.
(Address) State Hospital, Farmington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, F. L. Owens

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed F. L. Owens

Licensed Embalmer No. 2245

P. O. Address St. Louis, Mo.

3029 Lafayette

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.)

If this body is not embalmed, above space should be left blank.