

Registration District No. 303

Primary Registration District No. 5420

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Gasconade

(b) City or town Hermann, RFD Roark  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Hermann, RFD  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2  
In this community 78 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade

(c) City or town Hermann, RFD  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Theodore Emil Scholten

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
Sept 3, 1940.

20. DATE OF DEATH: Month \_\_\_\_\_ day \_\_\_\_\_  
year \_\_\_\_\_ hour 7:00A.M. minute \_\_\_\_\_ M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Hendrena Scholten

6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased Sept. 4, 1861  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from September 3, 1940 to September 4, 1940;  
that I last saw him alive on August 31, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>11</u>	<u>30</u>	hr. _____ min. _____

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Rhineland, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Theodore Scholten,

13. Birthplace Rhineland, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Adelaide Von Willich  
(City, town, or county) (State or foreign country)

15. Birthplace Rhineland, Missouri  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

16. (a) Informant Mrs. Hy. Fricke

(b) Address Hermann, Missouri RFD

17. (a) Burial (b) Date thereof Sept. 6, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. George's Catholic Cem.

(Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature H. Kessling (M. D. or other) \_\_\_\_\_  
Address Hermann, MO. Date signed 9-4-40.

18. (a) Signature of funeral director Hugh H. Blum

(b) Address Hermann, Missouri

19. (a) 9-4-40 (b) Anna R. Riehoff  
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Signed *Hugo H. Blumer*

Licensed Embalmer No. 3160

P. O. Address Hermann, Missouri

**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, fact should be so stated above.**