

FD APR 15 1943

Registration District No. 784

Primary Registration District No. 111

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1206A Montclair Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Johanna Scholes.

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Geo. W. Scholes. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 17, 1854.
(Month) (Day) (Year)

8. AGE: Years 88 Months 11 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Burlington, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name James Butler

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

14. Maiden name Catherine O'Brien

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

16. (a) Informant William H. Scholes

(b) Address 1206A Montclair Ave.

17. (c) Removal (b) Date thereof Mar. 26/43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burlington, Iowa.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) 3-25-43 (b) E. G. McGowan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1943 hour 8.00 minute AM. M.

21. I hereby certify that I attended the deceased from March 8
1943, to March 23, 1943
that I last saw her alive on March 9, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 1 day

Due to Arterio Sclerosis

Due to _____

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy Yes St. Mary's Hosp.

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

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) 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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. W. McDonald (M. D. or other) J. W. McDonald
Address 534 N. Grand Date signed 3-25-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

Dr. J.W. Mac Donald
539 N. Grand Blvd.,
10-12 or 3-6 P.M.
JE. 9284.

22

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.....

Robert G. Kappas

Licensed Embalmer No. 2971

P. O. Address.....

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.