

FILED FEB 27 1944
Registration District No. 318

Primary Registration District No. 1005
Registrar's No. 370

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Infirmery.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Yrs, 7 Mo, 20 Ds
(Specify whether _____)

In this community Life
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____

(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal
City Infirmery (If rural, give location)

(e) Citizen of foreign country? American (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bertha Scholl

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

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

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

7. Birth date of deceased October 15 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months 2 26 If less than one day _____ hr. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11
year 1944 hour 10:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name None Given Gustave Scholl

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

14. Maiden name " Emelia Henkat

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

16. (a) Informant Emil Bucher
(b) Address 5800 Arsenal St

17. (a) Burial (b) Date thereof Jan. 14-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery.

18. (a) Signature of funeral director J. F. Bredeah
(b) Address 6404 Gravois Ave.

19. (a) JAN 13 1944 J. F. Bredeah
(Date received local registrar) (Registrar's signature)

Immediate cause of death _____ Duration _____

Hypostatic pneumonia (bronchial)

Due to arteriosclerotic heart disease

Due to "

Other conditions (Include pregnancy within 3 months of death)
Cerebral sclerosis & dementia

Major findings: dementia

Of operations _____

Of autopsy None

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 James H. Linscott (M. D. or other) _____
Address 5800 Arsenal Date signed 1-12-43

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 Juddie A. Ziegenhein

Licensed Embalmer No. 2670

P. O. Address 6409 Grassie

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.