

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**

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

(c) Name of hospital or institution **5634 1/2 Vernon**
(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 **St. Louis**

(c) City or town **St. Louis 15**
(If outside city or town limits, write "RURAL")

(d) Street No. **5634 1/2 Vernon**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Samill M. Scholten**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **25**
year **1944** hour **7** minute **30 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.

4. Sex **Female**

5. Color **Wh**

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

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.

6. (b) Name of husband or wife **Harry**

6. (c) Age of husband or wife if alive **187 1/2**

Immediate cause of death **Coronary Occlusion**
Arteriosclerosis

7. Birth date of deceased: **October 8 1877**
(Month) (Day) (Year)

Due to _____

8. AGE: Years **72** Months **4** Days **17**
If less than one day _____ m/n.

Due to _____

9. Birthplace **Philadelphia Penn.**
(City, town, or county) (State or foreign country)

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

10. Usual occupation **At Home**

Major findings: _____
Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name **Julius Cole**

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

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

(a) Accident, suicide, or homicide (specify) _____

14. Maiden name **Elora Pauline Hubbe**

(b) Date of occurrence _____

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

(c) Where did injury occur? _____
(City or town) (County) (State)

16. (a) Informant **Mrs. Mildred Patch**

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

(b) Address **3024 Goodfellow**

While at work? _____
(Specify type of place) (e) Means of injury **3**

17. (a) **Burial** (b) Date thereof **2-28-44**
(Burial, cremation, or other) (Month) (Day) (Year)

23. Signature **James F. Stuyt** (M.D. or other) _____
Address **1300 61st** Date signed **2/28/44**

18. (a) Signature of funeral director **Chas. F. Stuyt**

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

MOTHER FATHER

Handwritten notes, possibly names and dates, in the top left corner.

Handwritten notes, possibly names and dates, in the top right corner.

Handwritten notes, possibly names and dates, in the middle left area.

Large handwritten notes in the middle right area, including what appears to be a name and a date.

Handwritten notes at the bottom of the upper section.

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 *[Handwritten Signature]*

Licensed Embalmer No. *5471*

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.