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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 31 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23409

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6489

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
3162 a Alfred /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 44 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 17 16

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

(d) Street No. 3224 Portis
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Minnie G Scholze

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Clement Scholze

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Nov (Month) 8 (Day) 1872 (Year)

8. AGE: Years 71 ~~72~~ Months 8 Days 14 If less than one day hr. min.

9. Birthplace Brookfeld (City, town, or county) Pa (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Wilhelm Busch
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Kate Roeder
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Clement Scholze
(b) Address 3162a ALfred

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (Month) 25 (Day) 44 (Year)
(c) Place: burial or cremation New St Peter Paul

18. (a) Signature of funeral director Kriegshauser Und Co
(b) Address 4228 So Kingshighway

19. (a) JUL 24 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 22 year 1944 hour 12.01 AM M.

21. I hereby certify that I attended the deceased from 2/4, 1936 to 7/22, 1944 that I last saw her alive on 7/22, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coma from 2nd Apoplexy	5 days
Due to Arterio Sclerosis	6 yrs
Due to Diabetes	5 years
Other conditions Had 1st Apoplexy (Include pregnancy within 3 months of death)	2 yrs ago

Major findings:
Of operations
Of autopsy no

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature [signature] (M. D. or other)
Address 2844 Calif 18 Date signed 7/24/44

(Licensed Embalmer's Statement on Reverse Side)

Baumgartner
Cal Ave

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 Edwin H M Dermatt

Licensed Embalmer No. 3024

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.