No. 2
4-13-40
5-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 23 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35836
9914

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 1206a Montclair Ave. /
(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 Missouri (b) County

(c) City or town St. Louis 5 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1206 Montclair 4
(If rural, give location) 0

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

3. (a) PRINT FULL NAME William Scholes

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Esther Scholes

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July 14. 1882 (Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 1 If less than one day hr. min.

9. Birthplace England. (City, town, or county) 4 (State or foreign country)

10. Usual occupation Shop Superintendent

11. Industry or business Larkin Packers

FATHER
12. Name Wm. Scholes
13. Birthplace England. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Johanna Butler
15. Birthplace Burlington, Iowa. (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs Esther Scholes
(b) Address 1206a Montclair Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 16.1945 (Month) (Day) (Year)
(c) Place: burial or cremation Burlington, Iowa.

18. (a) Signature of funeral director Bensell-Niehaus
(b) Address 1431 Union Blvd.

19. (a) NOV 15 1945 (Date received local registrar) (b) J. F. Bunick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day ~~16th~~ 15th year 1945 hour 1 minute 30 a. M.

21. I hereby certify that I attended the deceased from July 15, 1945 to Nov 14, 1945 that I last saw him alive on Nov 14, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death L heart failure — Duration 1 day

Due to Chr Cardio-vascular renal disease — 4 mos

Due to Uremia — 4 mos

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 4452 Maryland Date signed 11-15-45

(Licensed Embalmer's Statement on Reverse Side)

Dec 18 –
City Hosp – 3 30 71
Dr. Abel

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 [signature]

Licensed Embalmer No. 2915

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.