

FILED JUN 20 1946
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: Missouri Baptist 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 Missouri (b) County Callaway
(c) City or town Tebbetts
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1946 hour 5 minute 30 a. M.
21. I hereby certify that I attended the deceased from June 1, 1946 to June 5, 1946
that I last saw him alive on June 4, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Bilateral Pyonephrosis Duration 1 year
Due to Gunshot wound of Bladder 14 years ago

Other conditions (Include pregnancy within 3 months of death) 1730
Major findings: Of operations _____
Of autopsy: Bilateral Pyonephrosis
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) accident
(b) Date of occurrence 14 years ago
(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. E. Blum (M. D. or other) _____
Address 758 Parandé Bldg. Date signed 6/6/46

3. (a) PRINT FULL NAME Arnold Louis Schollmeyer

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

4. Sex Male 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: January 29 1917
(Month) (Day) (Year)

8. AGE: Years 29 Months 4 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace: Callaway County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business _____

12. Name Henry Schollmeyer

13. Birthplace Osage County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ida Hemeyer

15. Birthplace Osage County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Schollmeyer
(b) Address Tebbetts, Missouri

17. (a) Burial (b) Date thereof 6-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tebbetts, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JUN 10 1946 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

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

21046

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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..... *J. Allen Davis*

Licensed Embalmer No. *4253*

P. O. Address..... *St. Louis, Mo.*

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.