DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32198

FILED SEP 16 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7721

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: Alexian Brothers Hospital 0
(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 Montgomery 70

(c) City or town Rhineland
(If outside city or town limits, write "RURAL")

(d) Street No. NR 5
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Henry Scholten

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Eleanor Scholten

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased February (Month) 4 (Day) 1871 (Year)

8. AGE: Years 75 Months 7 Days 1 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Randolph Scholten

13. Birthplace Unknown (City, town or county) Germany (State or foreign country) 4

MOTHER 14. Maiden name Christian Van Stratter

15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Eleanor Scholten 1

(b) Address Rhineland, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-46 (Month) (Day) (Year)

(c) Place: burial or cremation Rhineland, Missouri

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

(b) Address 4700 Washington Blvd.

19. (a) SEP 6 1946 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5 year 1946 hour 11 minute 0 50 A.M.

21. I hereby certify that I attended the deceased from Feb 1945 to Sept 5 1946 and that I last saw him alive on Sept 5 1946 and that death occurred on the date and hour stated above.

Immediate cause of death — Coronary Occlusion

Due to Cancer of Bladder Urinary

Due to

Other conditions (Include pregnancy within 3 months of death) 52

Major findings: Of operations —

Of autopsy

Duration

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? 0

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

23. Signature Albert Moore M.D. (M.D. or other title)

Address 7321 Meramec Bldg St Louis Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Henry M. Brammer

Licensed Embalmer No. 4200

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.