S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17999

FILED MAY 20 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4394

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

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 Bros. Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10-days (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 600

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

(d) Street No. 5076 Waterman Ave. 9
(If rural, give location)

(e) Citizen of foreign country? 12 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Dr. John F. Scholl

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. 0

5. Color or race W,

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

6. (b) Name of husband or wife Lena Scholl

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Feb. 9th., 1858
(Month) (Day) (Year)

8. AGE: Years 90 Months 3 Days 0 If less than one day hr. min.

9. Birthplace Newburg (City, town, or county) Ind. 1 (State or foreign country)

10. Usual occupation Chiropractor

11. Industry or business

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

MOTHER
14. Maiden name Helen Martin
15. Birthplace Ind. 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lena Scholl
(b) Address 5076 Waterman Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) MAY 10 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th., year 1948 hour 12 minute 35 p. M.

21. I hereby certify that I attended the deceased from 3/12, 1948 to 5/9, 1948 that I last saw him alive on 5/8, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Cardiac Failure 3 Days
Chr. Myocarditis
Chr. Nephritis
Arterial Sclerosis
Prostatitis
Hemiplegia

Duration

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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) Nature of injury

23. Signature George T. Michaels M.D. (M. D. or other)

Address 3903 Olive Date signed 5/10/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

3903 Olive Street.

2-7 Dem

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.