

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33401

5. No. 300
v. 10. 48

FILED SEP 25 1952

State File No.

318

1003

Registrar's No. 8303

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|--|---------------------------|---|--|--|--|---|--|
| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital | | | | d. STREET ADDRESS (If rural, give location) 3 6280 Magnolia Ave. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Fred | | b. (Middle) C. | | c. (Last) Scholl | | 4. DATE OF DEATH (Month) (Day) (Year) 9/1/52 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | | 8. DATE OF BIRTH Nov. 18, 1868 | | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 10 HRS. Hours Min. 83 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 25 years | | 10b. KIND OF BUSINESS OR INDUSTRY -- | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Fred Scholl | | | 13b. MOTHER'S MAIDEN NAME Caroline Hoffmann | | 14. NAME OF HUSBAND OR WIFE Mary | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. --- | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter Scholl--6280 Magnolia | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) <u>Hypostatic pneumonia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 hr</u> ? <u>2 1/2 hr</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>331X</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>16 Aug, 1952</u> , to <u>1 Sep, 1952</u> , that I last saw the deceased alive on <u>1 Sep, 1952</u> , and that death occurred at <u>1:15 P. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Dr. Catungay M.D.</u> | | | | 23b. ADDRESS <u>2705 Clifton</u> | | 23c. DATE SIGNED <u>2 Sept 52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL <u>Removal</u> | | 24b. DATE <u>9/4/52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u> | |
| DATE REC'D BY LOCAL REG. SEP 3 1952 | | REGISTRAR'S SIGNATURE <u>Carl Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wacker-Heldeler 3634 Gravois</u> | | | |

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

SEP 29 1967

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Frank J. Paul Sr.

Licensed Embalmer No. 2675

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.