

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 2987

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY ST. LOUIS | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3644-Edmundson Avenue | | d. STREET ADDRESS (If rural, give location) 3644-Edmundson Avenue | |

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|---|----------------------------------|--|--|--|---|
| 3. NAME OF DECEASED (Type or Print) Louise Scholle | | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 20, 1952 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Nov. 20, 1876 | | 9. AGE (In years last birthday) Months Days Hours Min. 76 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY at home | 11. BIRTHPLACE (State or foreign country) Germany | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME John Suedmeyer | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Herman H. Dod | |
| 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. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edna Abel 3644-Edmundson Av-Overland-21-Mo | |

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|--|--|--|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Coronary Occlusion | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis | | INTERVAL BETWEEN ONSET AND DEATH 3 hrs | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 4201 | | | |
| | | DUE TO (c) Smile | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|--|--|---|--|---|--|
| 19a. DATE OF OPERATION None | | 19b. MAJOR FINDINGS OF OPERATION None | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) None | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? None | |

22. I hereby certify that I attended the deceased from 11-20, 1952 to 11-20, 1952, that I last saw the deceased alive on 11-20, 1952, and that death occurred at 2:15 A.M., from the causes and on the date stated above.

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|---|--|---|--|--|--|
| 23a. SIGNATURE (Degree or title) M. P. Stachle M.D. | | 23b. ADDRESS 9124 Natural Bridge | | 23c. DATE SIGNED 11-21-52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 11-22-1952 | | 24c. NAME OF CEMETERY OR CREMATORY Lake Charles Park | |
| 24d. LOCATION (City, town, or county) (State) Wellston, Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE Blumman Bros. Inc. | | ADDRESS 2504 Woodson Rd-Overland-11-Mo. | |
| DATE REC'D BY LOCAL REG. 11-21-52 | | REGISTRAR'S SIGNATURE Hubert R. Doud | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

9-2-11-AM

11-21-1952 11:41 AM

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 3454

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14. 7

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.