No. 300
10.48

FILED SEP 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31353

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3030 Registrar's No. 201

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington
c. LENGTH OF STAY (In this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN: New Haven
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): R.R. 1.

0360

3. NAME OF DECEASED (Type or Print)
a. (First) Margaret b. (Middle) C. c. (Last) Scholl

4. DATE OF DEATH (Month) (Day) (Year): Sept. 7, 1957

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 8, 1902
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months 6, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Maker
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and State or Foreign Country): University City, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Gottleib Roth
13b. MOTHER'S MAIDEN NAME: Magdalena Legler
14. NAME OF HUSBAND OR WIFE: Otto L. Scholl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, prior unknown) No (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Otto L. Scholl, New Haven R1, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 Aug 57

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-sclerotic C-V-R disease — 3 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4221
20. AUTOPSY? YES ☐ NO ☒ 21

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12 Aug, 1957, *to* 7 Sep, 1957, *that I last saw the deceased alive on* 7 Sep, 1957, *and that death occurred at* 7:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R W Bozzo, Dr
23b. ADDRESS: Washington, Mo
23c. DATE SIGNED: 9 Sep 57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 10, 1957
24c. NAME OF CEMETERY OR CREMATORY: Fort Hudson Luth. Cem.
24d. LOCATION (City, town, or county) (State): New Haven, R.R. Mo.

DATE REC'D BY LOCAL REG.: 9/9/57
REGISTRAR'S SIGNATURE: F.C. Heidmann, F.C. Heidmann
25. FUNERAL DIRECTOR'S SIGNATURE: Nieburg & Vitt, Inc. J. Witt
ADDRESS: Washington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

99-0

JAN 12 1959

FEB 15 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jerome F. Swoboda

Licensed Embalmer No. 450

P. O. Address Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.