

FILED DEC 13 1957

STANDARD CERTIFICATE OF DEATH

42586

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar No. **11260**

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3133 Ohio Ave.			Length of stay in lb		d. STREET ADDRESS 3133 Ohio Ave. (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Henry Middle L. Last Scholl			4. DATE OF DEATH Month Nov. Day 22, Year 1957				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug. 16, 1872		9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (retired) Employee		10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis		11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Frederick Scholl				14. MOTHER'S MAIDEN NAME Caroline Hoffmann			
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. Unknown		17. INFORMANT Address Walter Scholl - 3133 Ohio Ave.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon Monoxide Poisoning Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. Suffered in fire resulting from defective oil stove in kitchen.							INTERVAL BETWEEN ONSET AND DEATH
MEDICAL CERTIFICATION	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Give nature of injury in Part I or Part II of item 18.) See House, November 22nd					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20c. TIME OF INJURY 6:50 p.m. 11 22 57	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 24 Home						
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 24 Home	20f. CITY, TOWN, OR LOCATION St. Louis		COUNTY No 16		STATE Mo		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 6:56 PM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE James M. Kelly			22b. ADDRESS 1300 Clark			22c. DATE SIGNED 11.25-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE Nov. 26, 1957	23c. NAME OF CEMETERY OR CREMATORY Missouri Crematory		23d. LOCATION (City, town, or county) St. Louis, Missouri		(State)	
24. FUNERAL DIRECTOR Wacker-Helderle-3634 Gravois Ave.			25. DATE REGD. BY LOCAL REG. NOV 25 57		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		

(Licensed Embalmer's Statement on Reverse Side)

Health,
& Welfare
S. Public
th ServiceS. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. security in medical certification in the specific manner required by 193.1 ap moRS 1949.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
Signature of Student Embalmer

Signed.....
Gustav W. Schuster

Licensed Embalmer No. *43*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.