

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-012120

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 883 STATE FILE NUMBER

1. PLACE OF DEATH 10 APR 10 1961
 a. COUNTY St. Louis
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Spanish Lake Length of stay in 1b 1 year
 c. CITY OR TOWN Spanish Lake Inside Limits Yes No
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1516 Bayonne Drive Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1516 Bayonne Drive Reside on Farm Yes No

3. NAME OF DECEASED First Edith Middle Scholle Last Scholle 4. DATE OF DEATH Month March Day 29 Year 1961
 5. SEX female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 8-27-1885 9. AGE (last birthday) 75
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Milliner (retired) 10b. KIND OF BUSINESS OR INDUSTRY Stix-Baer-Fuller 11. BIRTHPLACE (City and state or country) Cincinnati, Ohio 12. CITIZEN OF WHAT COUNTRY U.S.A.
 13a. FATHER'S NAME Herman Scholle 13b. MOTHER'S MAIDEN NAME Amelia Roentgen 14. NAME OF HUSBAND OR WIFE Never Married
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Address Mrs. Edna Reynolds, 1516 Bayonne Drive

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Congestive heart failure INTERVAL BETWEEN ONSET AND DEATH 1 day
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease 5 years
 DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____
 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____
 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Mar. 22, 1961 to Mar. 29, 1961 and last saw her Mar. 28, 1961 alive on _____
 Death occurred at 5.55 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Theodore J. Repp, Jr., M.D. 22b. ADDRESS 9311 Duenkel Dr. 37 22c. DATE SIGNED 3/31/61
 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE April 1, 1961 23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Inc., 2161 E. Fair Av 25. DATE RECD. BY LOCAL REG. 3-31-61 26. REGISTRAR'S SIGNATURE [Signature]

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Clement McQuay

Licensed Embalmer No. 3732

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.