U. S. No. 2
1—11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26947

Registration District No. FILED SEP 25 1940 791

Primary Registration District No. 1003

Registrar's No. 6843

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Jewish Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 Days (Specify whether years, months or days)

In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town Webster Groves (If outside city or town limits write "RURAL") N.R.

(d) Street No. 33 North Maple (If rural, give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME Elsie Nash Scholz 420

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clifford Scholz

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased June 17 1885 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
55	1	23	hr. min.

9. Birthplace Nebraska City, Nebraska (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name Charles S Nash

13. Birthplace Chillicothe Missouri (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Cora Harding

15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Clifford O. Scholz

(b) Address 33 N. Maple Ave. Webster Groves

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Parker Undertaking Co.

(b) Address Webster Groves

19. (a) AUG 12 1940 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day Aug. 11 year 1940 hour 7:15 minute A. M.

21. I hereby certify that I attended the deceased from Aug. 1st, 1940 to Aug. 10, 1940 that I last saw her alive on Aug. 10, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction — Duration 7 days

Due to Volvulus

Due to Had a fall and was hurt in abdomen about July 25

Other conditions (Include pregnancy within 3 months of death) This injury was a probable factor.

Major findings: Of operations Obstruction due to adhesions

Of autopsy Sanguineous effusion

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence About July 25

(c) Where did injury occur? Home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Fell in flower at home. (Specify type of place)

While at work? (e) Means of injury

23. Signature W. Alexander Smith (M. D. or other)

Address Webster Groves Date signed 8-12-40

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed C. C. Aldrich

Licensed Embalmer No. 1332

P. O. Address Mobile Grove

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, above space should be left blank.