

Registration District No. 784 Primary Registration District No. 20 Registrar's No. 2388

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Berliner Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 months (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Overland
(If outside city or town limits, write "RURAL")

(d) Street No. 3644-Edmundson Rd.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HERMAN H. SCHOLLE

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex M 5. Color or race W 5. (a) Single, widowed, married, divorced M

6. (a) Name of husband or wife house 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Sep 12 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown 9

15. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

16. (a) Informant Hester Scholle

(b) Address 3644-Edmundson Overland, Mo.

17. (a) Burial (b) Date thereof 11-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Park

18. (a) Signature of funeral director Dunnham Bros Inc.

(b) Address 504 Woodson Rd. Overland, Mo.

19. (a) NOV 27 1941 (b) C. S. McArthur
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25 year 1941 hour 9 minute 05 P. M.

21. I hereby certify that I attended the deceased from Nov. 25th 1941, to Nov. 25th 1941;
that I last saw him alive on Nov. 24th 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the Bladder

Due to _____

Due to 578

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Cancer of Bladder

Of operations _____

Of autopsy _____

Duration 7 yrs

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) _____

(b) Date of occurrence _____

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. D. Colman (M. D. or other) _____
Address Pattonville Mo. Date signed Nov. 27.41

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

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DEC 6 1946

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 *W. G. Peterson*.....

Licensed Embalmer No. *3767*.....

P. O. Address *Overland Mo.*.....

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.