FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 13 1948

Registration District No. 577

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25053 1806

Primary Registration District No. 6076

Registrar's No.

1. PLACE OF DEATH:

(a) County: St. Louis Co.

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

(c) Name of hospital or institution: Fenton Mo. 1 (If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St. Louis 96

(c) City or town: Fenton (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Harry F. Schollmeyer

3. (b) If veteran, name war: no.

3. (c) Social Security No.: NONE

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Bess Schollmeyer

6. (c) Age of husband or wife if alive: 59 years

7. Birth date of deceased: Dec. 11, 1885 (Month) (Day) (Year)

8. AGE: Years 62 | Months 7 | Days 14 | If less than one day hr. min.

9. Birthplace: St. Louis Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation: Supt. Shop.

11. Industry or business: Board of Education

FATHER

12. Name: HENRY SCHOLLMEYER

13. Birthplace: Germany (City, town, or county) (State or foreign country) 7

MOTHER

14. Maiden name: KROECK, AUGUSTA

15. Birthplace: Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant: Bess Schollmeyer 1.

(b) Address: Fenton, Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: 7-28-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Valhalla Crematory

18. (a) Signature of funeral director: Witt Bro & Nelson

(b) Address: 2929 S. Jefferson Av.

19. (a) 7-27-48 (Date received local registrar) (b) Bertha Sharp MD (Registrar's signature) MSW

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1948 hour 6 minute 10 p. M.

21. I hereby certify that I attended the deceased from 5-19-48 to 7-25 1948 that I last saw him alive on 7-25 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis.	—
Due to Coronary artery disease.	
Due to 940	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place) 0

While at work? (e) Means of injury

23. Signature: Frank Huck (M. D., or other) MD

Address: Fenton, Mo. Date signed 7-24-48

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 20 1958

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.....

Licensed Embalmer No. 374

P. O. Address 2929 So. Jeffer

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

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