

No. 300  
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5-17-39  
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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED AUG 28 1948  
Registration District No. 318

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003  
Primary Registration District No. \_\_\_\_\_

State File No. 28195  
Registrar's No. 7198

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:  
Little Sisters of the Poor, 3400 So. Grand Home for the Aged, 3400 So. Grand  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Years,  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri, (b) County \_\_\_\_\_  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
76 (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Conrad Scholl,  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 15th  
year 1948 hour 4: minute 30 P.M.  
21. I hereby certify that I attended the deceased from July 4  
1948 to July 15 1948  
that I last saw him alive on July 15 and that death occurred on the date and hour stated above.

4. Sex Male, 5. Color or race White, 6. (a) Single, widowed, married, divorced Widowed,  
6. (b) Name of husband or wife Lucille Lucinda, 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased September 2, 1873.  
(Month) (Day) (Year)

Immediate cause of death Arteriosclerotic Heart disease  
Due to General Arteriosclerosis  
Other conditions (Include pregnancy within 3 months of death) 95  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Duration yo  
yo

8. AGE: Years Months Days If less than one day  
74 11 13 hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired 10 Years,

11. Industry or business Restaurant,

12. Name Frederick Scholl,

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

14. Maiden name Unknown,

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

16. (a) Informant Harold F. Scholl,

(b) Address 5308 Queens, Ave.,

17. (a) Burial, (b) Date thereof 8/17/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery,

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.,

19. (a) AUG 16 1948 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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 [Signature]  
23. Signature R. A. Meyer (M. D. \_\_\_\_\_)  
Address 539 N. Grand Date signed 8/16/48

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

MOTHER FATHER

**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Loron E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.,  
St. Louis, 18, 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.**