S. No. 300
V. 10.48

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

FILED APR 28 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 13869

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3355

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 47 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis State Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 3224 Portis Ave.

2169

**3. NAME OF DECEASED** (Type or Print)
a. (First): Clement
b. (Middle): H
c. (Last): Scholze

**4. DATE OF DEATH** (Month) (Day) (Year): April 14, 1955

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widower
**8. DATE OF BIRTH**: March 11, 1872
**9. AGE** (In years last birthday): 83 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Attendant-St. Louis State Hosp.
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (City and State or Foreign Country): McKeesport, Pa.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Unknown Grossbeck
**13b. MOTHER'S MAIDEN NAME**: Mary Unknown
**14. NAME OF HUSBAND OR WIFE**: Late Minnie G. Scholze

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): None
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: Mercedes Rembold 3732a Keokuk St.

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 14 days

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerotic heart disease — 3 yrs.

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☐

**21a. ACCIDENT / SUICIDE / HOMICIDE** (Specify)
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

4201

22. *I hereby certify that I attended the deceased from* 7-1, *1952, to* 4-14, *1955, that I last saw the deceased alive on* 4-14, *1955, and that death occurred at* 4:05 am., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Clemence Dylewski Coe D
**23b. ADDRESS**: 5400 Arsenal Street
**23c. DATE SIGNED**: 4-14-55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: Apr. 18, 1955
**24c. NAME OF CEMETERY OR CREMATORY**: Resurrection Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis, Co. Mo.

DATE REC'D BY LOCAL REG.: APR 14 1955
REGISTRAR'S SIGNATURE: J. Carl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: Kriegshauser 4228 S. Kingshighway Bl

MSB

(Licensed Embalmer's Statement on Reverse Side)

## 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 .....
Student Embalmer

Signed Edwin A McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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.