

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008292  
State File No.

FILED MAR 12 1958

BIRTH NO. \_\_\_\_\_ R.G. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 616

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>FLORISSANT</u>		c. LENGTH OF STAY (In this place) <u>3 MONTHS</u>	c. CITY OR TOWN <u>4000 FLORISSANT</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>#4 ST. ROSE COURT</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>#4 ST. ROSE COURT</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LEBORIUS</u>	b. (Middle) <u>MICHAEL</u>	c. (Last) <u>SCHOLLMAYER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 25 1958</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT. 9, 1897</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 11 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINIST</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SHOE MACHINERY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>TIPTON, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>IGNATIUS SCHOLLMAYER</u>	13b. MOTHER'S MAIDEN NAME <u>BARBARA KRAMER</u>	14. NAME OF HUSBAND OR WIFE <u>CLETA SCHOLLMAYER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>492-07-8411</u>	17. INFORMANT'S SIGNATURE OR NAME <u>CLETA SCHOLLMAYER</u>	ADDRESS <u>FLORISSANT, MO.</u>
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18. CAUSE OF DEATH 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Emphysema chronic pulmonary - severe</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____ DUE TO (c) <u>5271</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		

19a. DATE OF OPERATION <u>-</u>	19b. MAJOR FINDINGS OF OPERATION <u>-</u>	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>
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22. I hereby certify that I attended the deceased from 2-21, 1958, to 2-25, 1958, that I last saw the deceased alive on 2-24, 1958, and that death occurred at 12:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward P. Reh M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>15 Derbake Rd Florissant Mo</u>	23c. DATE SIGNED <u>2/27/58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB. 28, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SACRED HEART</u>	24d. LOCATION (City, town, or county) (State) <u>FLORISSANT, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>2-27-58</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donhe M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene A. White</u>	ADDRESS <u>FLORISSANT, MO.</u>
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WRITE PLAINLY—USING 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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Gene A. Hutchens*.....

Licensed Embalmer No. *496*.....

P. O. Address *Albion, Mich.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.