MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

2882

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 465

City St. Louis (No. 5851 S Kingshighway St. Blod Ward)

2. FULL NAME Hilda Wolz

(a) Residence. No. 5851 S Kingshighway St. Blod Ward 2
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF F. Robert Wolz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 29 1905

7. AGE: Years 21 | Months 5 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

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9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Edward Doerschlen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Mary Lochhass
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Robert Wolz
(Address) 5851 S Kingshighway

15. FILED JAN 14 1927 Max C Starkloff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 11 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1926, to Jan 11, 1927 that I last saw her alive on Jan 11, 1927, and that death occurred, on the date stated above, at 1 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Embolism
Puerperal
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Mitral Insufficiency
(duration) yrs. mos. 18 ds.

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18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) T. B. Garcia, M. D.
1/12, 1927 (Address) 3165 Lo Grand

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: New St. Marcus
DATE OF BURIAL: 1/14 1927

20. UNDERTAKER: Wacker - Helderle
ADDRESS: 2331 S. Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Laclede 4352

Dr F. W. Garcia
Grand