

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

Do not use this space.

6057

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis, Mo.** (No. **St. Lukes Hosp.**)

File No.

Registered No. **1270**

St. Ward)

2. FULL NAME

Mathilda Hoelscher

(a) Residence. No. **1937 Sullivan Ave** **26** Ward.
(Usual place of abode)

(If nonresident give city or town and State)

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

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
Frank Hoelscher

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb. 7 - 1870**

| | | | | |
|--------|-----------|-----------|-----------|----------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| | 56 | 11 | 25 | |

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

9. BIRTHPLACE (CITY OR TOWN) **St. Louis, Mo.**
(STATE OR COUNTRY)

10. NAME OF FATHER **Henry Weithamp.**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Germany.**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Don't know**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Germany.**
(STATE OR COUNTRY)

14. INFORMANT **Frank Hoelscher**
(Address) **1937 Sullivan Ave.**

15. FILED **FEB - 3 1921** **Max B. Starzoff**
19... Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Feb. 27 1927**

17. HEREBY CERTIFY, That I attended deceased from about **Jan. 16**, 1927, to **Feb. 2**, 1927, that I last saw him alive on **Feb. 2**, 1927, and that death occurred, on the date stated above, at **11:20 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic nephritis, (interstitial)

131
97129W
several yrs. - mos. - da.
CONTRIBUTORY **General Arterio-sclerosis**
(SECONDARY) several
(duration) p. yrs. - mos. - da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

19. DID AN OPERATION PRECEDE DEATH? **no** DATE OF

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Blood non protein Nit. open & Urine**

(Signed) **Hiram Huggitt**, M. D.

2/4, 1927 (Address) **Humboldt Bldg.**

*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

Oak Grove.

DATE OF BURIAL

Feb 5 1927

20. UNDERTAKER

Wey Leidner, Midland Park, Mo.

ADDRESS **6667**

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.

THIS IS A PERMANENT RECORD

Dr. [unclear]