

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

Do not use this space.

18218

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Townshp..... Primary Registration District No. **11003** File No. ....  
 City **St. Louis** (No. **Lutheran Hospital**) St. .... Registered No. **5406** Ward) .....

**2. FULL NAME**

(a) Residence. No. **609-Jasson** St. **15** 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 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 **Pauline Dolder**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Dec 2-1878**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**57** | **5** | **29** | .....

8. OCCUPATION OF DECEASED **194 Branch Manager**  
 (a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer **Schroeter Coal Co**

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

10. NAME OF FATHER **Christ Dolder**

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

12. MAIDEN NAME OF MOTHER **Unknown**

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

14. INFORMANT **Pauline Dolder**  
 (Address) **609-Jasson St**

15. FILED **11N-31330** **May 2 1939** **Max C. Helderle** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2 **16. DATE OF DEATH, (MONTH, DAY AND YEAR)** **May 31 1930**

17. **No Physician in attendance**  
 I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....  
 that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at ..... m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**General Septicaemia following skin abrasion of right hand, received while chipping ice** (duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) **Accident** (duration) ..... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

**4** DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY? **yes**

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) **J. W. Kemmer, M.D.**

**6/2 1930** (Address) **Dep. Coroner**  
 \*State the DISEASE CAUSING DEATH, if 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 **June 3 1930**

20. UNDERTAKER **Wacker Helderle** ADDRESS **2331 S Blum**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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