

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

Do not use this space.

36330

1. PLACE OF DEATH

County..... Registration District No. *15*
 Township..... Primary Registration District No. *15*
 City *St. Louis Mo.* (No. *Banner Hospital*) St. _____ Ward _____

File No. _____
 Registered No. **10864**
 St. _____ Ward _____

2. FULL NAME *Julius Hoelscher*

(a) Residence, No. *4345* *Wallace* 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Mary Hoelscher</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>June 17th 1883</i>		
7. AGE YEARS <i>48</i>	MONTHS <i>4</i>	DAYS <i>9</i>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Marble worker</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Schallmeyer Tilt + Marble</i>		
10. Date deceased last worked at this occupation (month and year) <i>Oct. 23, 1930</i>		
11. Total time (years) spent in this occupation _____		

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

13. NAME *August Hoelscher*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Laura Kaebic*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT *Mary Hoelscher*
 (ADDRESS) *4345 Wallace Ave*

18. BURIAL, CREMATION, OR REMOVAL
 PLACE *St. Bernard* DATE *Oct 29th 1931*

19. UNDERTAKER *Hauch + Schmitt*
 (ADDRESS) *3732 Grand Blvd.*

20. FILED *21 1931* 19 *May 6 Stark*
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *10 - 26 - 31 19*

22. I HEREBY CERTIFY, That I attended deceased from *10 - 26*, 19*31*, to *10 - 26*, 19*31*

I last saw him alive on *10 - 26*, 19*31*. Death is said to have occurred on the date stated above, at *10:50 PM*.

The principal cause of death and related causes of importance were as follows:

*Diabetic Coma
Circulatory failure*
59

Other contributory causes of importance:
Diabetes Mellitus

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *T. P. McKeown*, M. D.

(Address) *Banner Hosp*

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.

