

FEB 24 1936

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

Do not use this space.

4044

1. PLACE OF DEATH

County St. Louis Registration District No. 1160
Township Central Primary Registration District No. 4470
City University Mo. (No. 6634, East Ave) St. 9 Ward

2. FULL NAME Selma M. Hoelzel

(a) Residence, No. 6634 East Ave. St. 9 Ward Melzo Mo.
(Usual place of abode) (If not resident, 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Moritz B. Hoelzel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 13, 1865</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>9</u>
	DAYS <u>28</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At home</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 10, 1936
22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1935 to Jan 10, 1936.
I last saw her alive on Jan 6, 1936. Death is said to have occurred on the date stated above, at 5:25 P.M.
The principal cause of death and related causes of importance were as follows:

Cirrhosis Liver
Chronic Myocarditis
Date of onset 3 mos?
Other contributory causes of importance:
General atherosclerosis
Senility

Name of operation Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury 19.....
Where did injury occur? At home
(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) F. J. Welling, M. D.
(Address) 8321 No. Broadway

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	13. NAME <u>Herman Friedmann</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Don't know</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
17. INFORMANT <u>Mrs. Carl Hoelzel</u> (ADDRESS) <u>Melzo Missouri</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mount Bethlem</u> DATE <u>January 13, 1936</u>	
19. UNDERTAKER <u>Geo. L. Bleitach Inc.</u> (ADDRESS) <u>5966 Easton Ave</u>	
20. FILED <u>Jan. 13, 1936</u> <u>Hena V. Impeller</u> Registrar.	

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.

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

8551 ^JConnell Pl.

Ev 4870