FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 784 — File No. 2911
Township St. Ferdinand — Primary Registration District No. 6030 — Registered No. 14
City ~~Baden Station~~ (No. Riverview Dr. 2 St. Ward)

2. FULL NAME Josephine Hoelscher
(a) Residence, No. R.F.D. 3 Riverview Dr. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 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: Anton Hoelscher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5/6/1868

7. AGE: YEARS 68 — MONTHS 8 — DAYS 22 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

FATHER
13. NAME: Frank Brauchle 10
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Anton Hoelscher, Riverview Dr.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 2/1/1937 19

19. UNDERTAKER (ADDRESS): W. A. Stock Und. Co. 2117 E. Grand Blvd.

20. FILED 7/29 1937 W. A. Zeitler Registrar.
Per C. Smith

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 28. 1937

22. I HEREBY CERTIFY, That I attended deceased from JAN. 1934, 19..., to JAN. 28, 1937
I last saw her alive on JAN. 25, 1937. Death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| AORTIC INSUFFICIENCY | JAN. 1934 |

Other contributory causes of importance: NONE

Name of operation NONE Date of
What test confirmed diagnosis? Clin Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? NO 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 NONE
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) S. A. Van Hoefen, M. D.
(Address) 8313 HALLS FERRY RD. CITY

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.

Dr. Van Hoek
Halls Gap Rd.

10-12

JAN 9 1957