

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

Do not use this space.

**MAY 31 1937**

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 1123 File No. 17632  
 Township Carondelet Primary Registration District No. 6248E Registered No. 158  
 City Sancta Maria in Ripa (No.         ) St.          Ward         

**2. FULL NAME** Sister M. Isabella Hoelscher

(a) Residence, No. 320 E. Ripa ave. St.          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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \*\*\*\*\*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/1, 1937, to 4/6, 1937  
 I last saw her alive on 4/5, 1937 Death is said to have occurred on the date stated above, at 12 Noon

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28, 1878  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
59 2 8 8

My fathering 14 months  
AT

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

Other contributory causes of importance:  
Arterio Sclerosis  
10/10/36

12. BIRTHPLACE (CITY OR TOWN) Cullman (STATE OR COUNTRY) Alabama

Name of operation          Date of           
 What test confirmed diagnosis? Physiol. Exam Was there an autopsy? Yes

13. NAME Henry Hoelscher

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?          Date of injury         , 1937  
 Where did injury occur?          (Specify city or town, county, and State)

MOTHER FATHER  
 14. BIRTHPLACE (CITY OR TOWN) Holland (STATE OR COUNTRY)         

Specify whether injury occurred in industry, in home, or in public place.

15. MAIDEN NAME Rosa Dolt

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)         

17. INFORMANT Sister M. Jane (ADDRESS) 320 E. Ripa ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rip a Cem. DATE April 10, 1937

24. Was disease or injury in any way related to occupation of deceased? Yes  
 If so, specify         

19. UNDERTAKER C. Hoffmeister U. & L. CO. (ADDRESS) 7814 S. Broadway

(Signed) Albert H. J. Moore, M. D.  
 (Address) 1841 S. 12th

20. FILED April 10, 1937 A. Mowrey Registrar

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