

DEC 13 1937

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

39852
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **City Hospital #1** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Herbert H Hoelscher

(a) Residence, No. **3822a Blaine Ave** St. **17** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Single**
(Divorced write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 15 1896**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs or min.
12 42 10 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Commercial Photographer**
9. Industry or business in which work was done, as saw mill, bank, etc.
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) **New Melle Mo**

FATHER 13. NAME **Fred Hoelscher**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Charles Mo**

MOTHER 15. MAIDEN NAME **Caroline Rohlfing**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New Melle Mo**

17. INFORMANT **Caroline Hoelscher**
(ADDRESS) **3822 a Blaine Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cemetery** DATE **Nov 17 1937**

19. FUNERAL DIRECTOR **Beiderwieden Funeral Home**
(ADDRESS) **1936 St Louis Ave**

20. FILED **NOV 17 1937** **J. T. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **NOV 14 1937 19**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **6:05 A M**

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

Dislocation of spine (Atlas) Fracture of ribs, suffered in fall from ladder at Mount Olive Church located at 4246 Shaw Ave., about 12:00 P.M. November 11th, 1937, while deceased was doing some repair work. ACCIDENT.

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **Accident** Date of injury **11/11, 1937**
Where did injury occur? **St. Louis, Mo.**
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **Public place**
Manner of injury.....
Nature of injury **See above**

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify.....
(Signed) **Joseph M. Zwick**
Deputy Coroner

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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STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)