

REC'D MAR 14 1938

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

4536

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. **3614 Keokuk St.** Registered No. **1181**
 (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

Anna Hoelzer **426**
 (a) Residence, No. **3614 Keokuk St.** St. **16** (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 **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 **John Hoelzer**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April, 25th, 1861**

7. AGE YEARS **76** MONTHS **10** DAYS **9** If LESS than 1 day, hrs. or min. **4**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
 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) **St. Louis, Mo.**

FATHER 13. NAME **Henry Zilch**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Katherine Zilich**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Emma M. Hoelzer**
 (ADDRESS) **3614 Keokuk St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset B. Park** DATE **Feb. 2nd, 1938**

19. FUNERAL DIRECTOR **Wacker-Helderle**
 (ADDRESS) **2331 S. Broadway**

20. FILE **FEB 1 1938** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 29th, 1938**

22. I HEREBY CERTIFY that I attended deceased from **Jan. 10, 1938** to **Jan. 29th, 1938**
 I last saw him alive on **Jan. 29th, 1938** Death is said to have occurred on the date stated above, **10:50 P.M.**
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis with decompensation

Date of onset

5/11/39

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? **Microscopic** Was there an autopsy? **No**

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? **No**
 If so, specify
 (Signed) **J. Bredeck**, M. D.
 (Address) **3548 S. Grand**

STATEMENT BY LICENSED EMBALMER

I, Robert Crocker

Licensed Embalmer No. 2128

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

L. E.

No. 2128 or by

Registered Apprentice No.

working under my personal supervision.

Signed

Robert Crocker

Licensed Embalmer No. 2128

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.)