REC'D APR 7 1938

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

Do not use this space.

File No. 10547
Registered No. 108

1. PLACE OF DEATH
County Cole
Township Jefferson
City Jefferson City (No. Route # 4 St. Ward)

Registration District No. 213
Primary Registration District No. 5293

2. FULL NAME Bernard Louis Hoelscher 426
(a) Residence, No. Rt. 4, Jeff City, Mo 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

3. SEX: Male
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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19, 1938

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
0	0	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, 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) Cole County, Mo. 0

FATHER
13. NAME Louis Hoelscher 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Mo. 0

MOTHER
15. MAIDEN NAME Catherine Suthoff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Co. Mo.

17. INFORMANT Louis Hoelscher
(ADDRESS) Rt. 4, Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Osage Bend, Mo. DATE March 30, 1938

19. UNDERTAKER Heinrichs Funeral Home
(ADDRESS) Jefferson City, Mo.

20. FILED 3/29/ 1938 S. V. Bedford M.D. Registrar. 111

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 19, 1938, to May 29, 1938
I last saw him alive on Mar 26, 1938. Death is said to have occurred on the date stated above, at 10 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Imperfect closure foraminen ovale	
and indigestion	

Other contributory causes of importance: 157C

Name of operation Date of
What test confirmed diagnosis? Symptoms 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) L. A. T. Meyer, M. D.
(Address) Jefferson City, Mo

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

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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