

AY 16 1939

REC'D JUN 8 1939

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

19727  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
(b) Township Monarch Primary Registration District No. D-2  
(c) City Glencoe (d) Street No. Catherton Rd. St.  
(e) Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 897

2. PRINT FULL NAME

(a) Residence, No. 432 Infant Hoeltge,  
Glencoe, Mo. R#1. St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 XXXXXXXXXX

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
0 0 0 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil  
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) Glencoe Mo. R#1.

FATHER 13. NAME Ben Hoeltge,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co. Mo.

MOTHER 15. MAIDEN NAME Melba Ammerman,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Ben Hoeltge  
Glencoe, Mo. R#1.

18. BURIAL, CREMATION, OR REMOVAL PLACE Monarch Mo. DATE May 16, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ben Hoeltge (acting)  
Glencoe, Mo. R#1.

20. FILED MAY 16 1939 DR. M. J. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1939 to May 16, 1939  
I last saw her alive on May 16, 1939 Death is said to have occurred on the date stated above, at 2:30 a.m.  
The principal cause of death and related causes of importance were as follows:

pulmonary tuberculosis  
15.9  
Other contributory causes of importance: premature birth (6 mos.)

Name of operation: Date of: no  
What test confirmed diagnosis? Exam 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) Henry Seiff, M. D.  
Boalman Mo. (Address) 707

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.

STATEMENT BY LICENSED EMBALMER

*Not embalmed*

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**