

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.

BUREAU OF THE CENSUS
AUG 11 1939

State File No. _____

Registration District No. **1008**

Primary Registration District No. _____

Registrar's No. **5878**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4237 Prairie Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME HERMAN HOELSCHER
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Minnie Hoelscher
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 10, 1855
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 21
 If less than one day _____ hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Watchman

11. Industry or business _____

12. Name Frederick Hoelscher

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lenia Goldschmidt
 (b) Address 4237 Prairie Ave.

17. (a) Burial (b) Date thereof July 5, 39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethlehem Cem.

18. (a) Signature of funeral director [Signature]
 (b) Address 2117 E. Grand Blvd.

19. (a) JUL 3 1939 (b) J. F. Bedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4237 Prairie Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. 60 Years. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st
 year 1939 hour Nine minute 20 P. M.

21. I hereby certify that I attended the deceased from _____, 1937, to July 1, 1939.
 that I last saw him alive on July 1 (3:30 PM), 1939,
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Chronic nephritis
 Due to [Above information for Dr. SMMY ROSS]

Due to _____
 Other conditions Blindness
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____

Duration 5 yrs
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury 1

23. Signature Ellen Lefel (M. D. or other) M.D.
 Address 713 Metropolitan Bldg Date signed 7-1-39

STATEMENT BY LICENSED EMBALMER

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

Geo. P. Schubert

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

working under my personal supervision.

Signed *Geo. P. Schubert*

Licensed Embalmer No. *2217*

P. O. Address *2018 1/2 Kings Highway*

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.