

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

R. A. J. Schuch  
39591

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 192

1. PLACE OF DEATH:

(a) County S. Charles  
(b) City or town S. Charles  
(c) Name of hospital or institution: S. Joseph Hospital  
(d) Length of stay: In hospital or institution 10 minutes  
In this community 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County S. Charles  
(c) City or town S. Charles  
(d) Street No. 118 Lindenwood Ave.  
(e) If foreign born, how long in U. S. A. 0 years.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9  
year 1940 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 9, 1940 to Nov. 9, 1940  
that I last saw him alive on Nov. 9, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 hr.  
Due to Gen Arterio Sclerosis 10 yrs.

Other conditions None  
Major findings: None  
Of operations None  
Of autopsy None

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature A. P. Erich Schuch M. D. or other \_\_\_\_\_  
Address S. Charles, Mo. Date signed Jan 11/40

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Catherine Hoelscher  
6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased February 20 - 1863

8. AGE: Years 77 Months 8 Days 19  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Sargent

11. Industry or business 6

12. Name Unknown 6.

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

14. Maiden name Unknown

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

16. (a) Informant Alfred E. Tiesing

(b) Address 1629 Hallahan, S. Charles, Mo.

17. (a) Burial (b) Date thereof Nov. 12 - 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Putnam Cemetery - S. Charles

18. (a) Signature of funeral director A. C. Hallman & Son Co. Mo.

(b) Address 800 N. Second, S. Charles, Mo.  
19. (a) 11/11/40 (b) Clarence G. Hoelscher  
(Date received local registrar) (Registrar's signature)

**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.....

*Joseph Handolt*

Registered Apprentice No. *943*

working under my personal supervision.

Signed

*John E. Dollmeyer*

Licensed Embalmer No. *2951*

P. O. Address *St Charles Mo*

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

**If this body is not embalmed, fact should be so stated above.**