No. 2
-1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19124

FILED JUN 6 1941

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 955

1. PLACE OF DEATH:

(a) County St. Louis, Glencoe R. #1.

(b) City or town Rural. Meremac Twshp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Babler State Park Rd. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 80 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis, 96

(c) City or town Rural. Meremac Twshp. R #1.
(If outside city or town limits, write "RURAL")

(d) Street No. Babler State Park Rd. Glencoe
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Laura F. Hoeltge,

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Albert Hoeltge,

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May, (Month) 4, (Day) 1858 (Year)

8. AGE: Years 83 Months 0 Days 1 If less than one day hr. min.

9. Birthplace Franklin Co. (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housewife,

11. Industry or business Own home,

FATHER
12. Name P. A. Paubel,
13. Birthplace (City, town, or county) Germany, (State or foreign country) 4

MOTHER
14. Maiden name Unknown,
15. Birthplace (City, town, or county) Germany, (State or foreign country) 4

16. (a) Informant Mrs. Henry Hatz,
(b) Address Glencoe, Mo. R #1.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 5-7-1941 (Month) (Day) (Year)
Monarch, Mo.
(c) Place: burial or cremation Antioch Cem.

18. (a) Signature of funeral director Schrader Funeral Home,
(b) Address Ballwin, Mo.

19. (a) MAY - 6 1941 (Date received local registrar) (b) T. R. Meyer M.D. Sec'y (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5, year 1941 hour 1 minute 25 A. M.

21. I hereby certify that I attended the deceased from April 27 1940 to May 4 1941 that I last saw her alive on May 4 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Hypertension

Due to Cerebral arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 9 + 0

Of autopsy

Duration

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

23. Signature Henry Scott (M. D. or other) M.D.
Address Ballwin, Mo. Date signed 5/6/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

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

working under my personal supervision.

Signed Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin, Mo.

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

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