No. 2
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X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

6554

State File No. _____

Registration District No. 297 Primary Registration District No. 3016 Registrar's No. 9

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1. PLACE OF DEATH:
(a) County Franklin.
(b) City or town Washington, Tun
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 606 W. Fifth St.
(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 91 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Washington
(If outside city or town limits, write "RURAL")
(d) Street No. 606 W. Fifth St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X years.

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3. (a) PRINT FULL NAME David John Hoelscher.
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of ~~husband or~~ wife Anna Hoelscher
6. (c) Age of ~~husband or~~ wife if alive deceased years
7. Birth date of deceased November (Month) 24th, (Day) 1850. (Year)

8. AGE:	Years	Months	Days	If less than one day
	91	2	1	hr. min.

9. Birthplace Krakow, (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation Stone Mason.
11. Industry or business X
FATHER
12. Name Henry Hoelscher.
13. Birthplace Unknown, (City, town, or county) Germany. (State or foreign country)
MOTHER
14. Maiden name Gransmeier,
15. Birthplace Unknown, (City, town, or county) Germany. (State or foreign country)
16. (a) Informant William D. Hoelscher
(b) Address Washington, Mo. R. #2.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. (Month) 28, (Day) 1942 (Year)
(c) Place: burial or cremation Washington, Mo.
18. (a) Signature of funeral director Nieburg & Vitt Inc.
(b) Address Washington, Mo.
19. (a) Jan. 26-1942 (Date received local registrar) (b) H. A. May (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25th, year 1942 hour 6:00 minute 40 P.M.
21. I hereby certify that I attended the deceased from Jan. 9, 1942 to Jan 25, 1942 that I last saw him alive on Jan 25, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Influenza	15 days
Chronic myocarditis	unknown
Due to Arteriosclerosis	
hypertension	unknown
Due to	
Other conditions senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations ✓
Of autopsy ✓

33a

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 H. A. May (M. D. or other) M.D.
Address Washington, Mo. Date signed 1/26/42

270 (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 Me, Lester H. Vett, ~~Registered Apprentice No.~~ working under my personal supervision.

Signed Lester H. Vett

Licensed Embalmer No. 3254

P. O. Address Washington, Me

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

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