

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5203 Maffitt /
(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 Sylvester John Hotze, Sr.

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Cora E. Hotze 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased August 31, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 1 24 ..hr.min.

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

10. Usual occupation..... Printer

11. Industry or business..... Self

12. Name..... William Hotze

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

14. Maiden name..... Unknown

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

16. (a) Informant..... Cora E. Hotze

(b) Address..... 5203 Maffitt

17. (a) Cremation (b) Date thereof 10/28/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Valhalla Crematory

18. (a) Signature of funeral director..... Edith E. Ambruster
(b) Address..... 4234. Manchester

19. (a) OCT 28 1942 (b) J. F. Brudeck
(Date received for registration) (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..... 5203 Maffitt
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Oct. day..... 25
year..... 1942 hour..... 11.15 P.M. minute..... M.

21. I hereby certify that I attended the deceased from 12-19-41
to 10-25-42
that I last saw him alive on 10-25-42
and that death occurred on the date and hour stated above.

Immediate cause of death..... Emergency occlusion
Due to.....
Due to.....

Other conditions..... cerebral embolism
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
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?

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

23. Signature..... J. F. Brudeck M. D. or other.....
Address..... 405 S. W. Flannery Date signed 10-27-42

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.....

Harry Eymoh.

Licensed Embalmer No.....

1284

P. O. Address.....

St. Louis, Mo.

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, fact should be so stated above.