V. S. No. 2
50M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41947

Registration District No. 784 Primary Registration District No. 117 Registrar's No. 2626

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 344 Sylvester Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ? (Specify whether years, months or days)
In this community ?

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Sixxlen
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 2251a Warren St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Minnie Hoelscher
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Henry Hoelscher
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: November 6th, 1867. (Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 7 If less than one day hr. min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housework
11. Industry or business:
MOTHER FATHER
12. Name: Ernst Schlomann
13. Birthplace: - - - (City, town, or county) Germany (State or foreign country)
14. Maiden name: Minnie Schroeder
15. Birthplace: - - - (City, town, or county) Germany (State or foreign country)
16. (a) Informant: Mrs. John Windmoeller
(b) Address: 344 Sylvester Ave. Webster Groves
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 16, 1942. (Month) (Day) (Year)
(c) Place: burial or cremation: Zion Cemetery
18. (a) Signature of funeral director: Calvin F. Feutz Funeral Home
(b) Address: 4828 Natural Bridge, St. Louis, Mo.
19. (a) DEC 14 1942 (Date received local registrar) (b) C. H. McGuire M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: December day: 13 year: 1942 hour: 3 minute: 30 A.M.
21. I hereby certify that I attended the deceased from June 1, 1940, 19..., to December 13, 1942, that I last saw her alive on December 12, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute cardiac dilatation	1 day
Due to: Hypertension	4 yrs.
Due to: Myocarditis	4 yrs.
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: 9321

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: C. A. Leslie M.D. (M. D. or other)
Address: Kirkwood, Mo. Date signed: 12/13/42

707 (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 John A. Milinar, Registered Apprentice No. ....., working under my personal supervision.

Signed John A. Milinar

Licensed Embalmer No. 4186

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.