

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9732**

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

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute to City Hospital 3
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State ~~MISSOURI~~ **Ill.** (b) County **11**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **Dupe, Ill.**
(If rural, give location) **NR**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **2**

3. (a) PRINT FULL NAME **Omer Stoltz**

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 **single**

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

7. Birth date of deceased **Sept. 17 1943**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 18 hr. min.

9. Birthplace **St. Louis Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____
MOTHER FATHER { 12. Name **Walter Stoltz**
13. Birthplace **Belleville Ill.**
(City, town, or county) (State or foreign country)
14. Maiden name **Thelma Patton**
15. Birthplace **W. Va.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Walyer Stoltz**
(b) Address **Dupe, Ill.**

17. (a) **Burial** (b) Date thereof **Nov. 6-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. John's Cemetery**

18. (a) Signature of funeral director **Hy. Leidner U. Co.**
(b) Address **2223 St. Louis Ave**

19. (a) **NOV 8 1943** (b) **J. J. Busch**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **5** year **1943** hour **2:25** minute **0** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Congenital Debility
Prematurity
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **154**

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

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)
(a) Means of injury **3**
23. Signature **Thomas J. Callahan** (b) _____
Address **Deputy Coroner** Date signed **11-6-43**

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.....

Not Embalmed

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

working under my personal supervision.

Signed..... *John T. Bushholz*.....

Licensed Embalmer No..... *1674*.....

P. O. Address..... *2223 St Louis Ave*.....

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.