No. 2
5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3620

Registration District No. 317 Primary Registration District No. 4465 Registrar's No. 2801

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rock Hill Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: NONE
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Rock Hill Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 9609 Manchester
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William Stoltz

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Clara Stoltz

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

7. Birth date of deceased July (Month) 24 (Day) 1878 ~~1872~~ (Year)

8. AGE: Years 66 ~~72~~ Months 5 Days 17 If less than one day hr. min.

9. Birthplace Lexington (City, town, or county) Ky (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business —

FATHER
12. Name Henry Stoltz
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sahra Baker
15. Birthplace — — — (City, town, or county) Penn. (State or foreign country)

16. (a) Informant Lula Mafer
(b) Address 7008 Florence Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cem.

18. (a) Signature of funeral director Diedrich F. Horne
(b) Address 8319 Hollis Ferry Rd.

19. (a) 1/15/45 (Date received local registrar) (b) E. D. McGavran M.D. (Registrar's signature) Cdr

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11 year 1945 hour 5 minute 20 P. M.

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

Immediate cause of death Coronary occlusion

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

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 [signature] M.D. (M. D. or other)

Address 601 Brentwood Blvd. Date signed 1/12/45

(Licensed Embalmer's Statement on Reverse Side)

FEB 26 1945

FEB 16 1945

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 Arthur P. Diedrich

Licensed Embalmer No. 3556

P. O. Address St. Louis

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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of MO } ss.
County of St Louis }

State File No. 3620
Local Registrar's No. 2821

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194 2, before me appears .....
....., who, upon ..... oath, states that the original record of birth ~~death~~
for ....., ~~born~~ died Jan. 11, 1945, in the State of
Missouri, and which was filed at St Louis Mo on Jan 15, 1945, should be corrected as follows:

Item No. 7 should read July 24 - 1878
Instead of .....

Item No. 8 should read 66 yr. 5 Month 17 Day
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Samuel Tillotson Friend
Relationship.

5365 Milbourn Dr
Present Address.

Subscribed and sworn to before me this 22nd day of February, 1945

My Commission expires 4/16/46

Florence Bessel Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
1-8-42
X33820