

S. No. 2  
OM-2-43  
v. 5-17-39  
P-I X33697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# FILED AUG 20 1945 STANDARD CERTIFICATE OF DEATH

State File No. **27325**

Registration District No. **113**

Primary Registration District No. **4187**

Registrar's No. \_\_\_\_\_

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

**1. PLACE OF DEATH:**

(a) County Franklin

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

(c) Name of hospital or institution: Life

(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 (b) County Franklin

(c) City or town Union  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Charles A Hoelscher

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased July 1867  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
78 29 hr. \_\_\_\_\_ min.

9. Birthplace Union Missouri \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Painter

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Fredrick Hoelscher

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

14. Maiden name Caroline Lacas

15. Birthplace St Louis Mo \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Ferd Hoelscher

(b) Address Union Missouri

17. (a) Burial (b) Date thereof August 4 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Missouri

18. (a) Signature of funeral director Union Funeral Home

(b) Address Union Missouri

19. (a) 8/3/45 (b) Howard C. Rizer  
(Date received local registrar) (Registrar's signature)

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1 year 1945 hour 10:50 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from 11-17, 1942 to 8-1, 1945 that I last saw him alive on 8-1, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure Duration 5 M. e.

Due to Arterio sclerosis, Cardiovascular disease 6 yrs

Due to Chronic Bronchitis 10 yrs

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy 97 **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 B. H. Strehlman (M. D. or other) M. D.

Address Union, Mo Date signed 8-3-45

1119

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed 8-17-45

**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 [Signature]

Licensed Embalmer No. 2464

P. O. Address Washington DC

**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.**