V. S. No. 2
OM—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39281

Registration District No. 318 FILED DEC 28 1945 Primary Registration District No. 1003 Registrar's No. 10994

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:
Marion Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Hours (Specify whether
In this community Life
years, months or days)

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. 1214 Emmett St
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME FREDERICK HOELTZLE

3. (b) If veteran, name war

3. (c) Social Security No. 493-096775

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Laura

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

7. Birth date of deceased Feb 27 1879
(Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 19 If less than one day hr. min.

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

10. Usual occupation Retired Cooper

11. Industry or business

FATHER
12. Name Fred HOELTZLE
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Hoeltzle
(b) Address 1012 Allen Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof DEc19/45
(Month) (Day) (Year)
(c) Place: burial or cremation New S.S. Peter & paul

18. (a) Signature of funeral director Thorkeetis & Son
(b) Address 2906 Gravois Ave.

19. (a) DEC 17 1945 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
year 1945 hour 5 45 minute AM M.

21. I hereby certify that I attended the deceased from 12-15- 1945 to 12-16- 1945
that I last saw him alive on 12-16 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	1 day
Due to	
Due to	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

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 O S Jones (M. D. or other) MD
Address 3616 S Bwdy Date signed 12-17-45

(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 .....

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

working under my personal supervision.

Signed David Van Tassan

Licensed Embalmer No. 4242

P. O. Address 2906 Granvia

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.