S. No. 2
DM—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 18 1946

State File No. 6888

Registration District No. 310 Primary Registration District No. 6051 Registrar's No. 20

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

5838

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Charles County Home 5 (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 St. Charles 92

(c) City or town St. Charles Township (If outside city or town limits, write "RURAL")

(d) Street No. St. Charles County Home (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William Stolzheise

3. (b) If veteran, name war

3. (c) Social Security No. NIL

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced ? 9

6. (b) Name of husband or wife

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

7. Birth date of deceased ? (Month) ? (Day) 1865 (Year)

8. AGE: Years 81 Months ? Days ? If less than one day ..... hr. ..... min.

9. Birthplace unknown (City, town, or county) Illinois (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant St. Charles County Home Records

(b) Address St. Charles, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan 18 1946 (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles Borromeo Cem St. Charles, Mo.

18. (a) Signature of funeral director H C Ballmeyer & Sons Co

(b) Address 800 N. 2nd-St. Charles, Mo.

19. (a) Jan 21/46 (Date received local registrar) (b) Fannie Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month January day 16 year 1946 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from Jan 14th, 1946 to Jan 16th, 1946 that I last saw him alive on Jan 14th, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Uraemia 1 wk.

Due to Chronic Interstitial nephritis

Other conditions Gen. Arteriosclerosis (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

13/2

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 A P Erich Schulz (M.D. or other)

Address St Charles Mo. Date signed 1/18/46

284 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 2-15-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by.....
....., Registered Apprentice No.....,
working under my personal supervision.

Signed John E. Dallmeyer
Licensed Embalmer No. 2951
P. O. Address St Charles 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.