

S. No. 2  
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v. 5-17-39  
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25763

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED JUL 26 1946 STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6456**

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 **Jewish Hospital**  
(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

3. (a) PRINT FULL NAME **William F. Stolte**

3. (b) If veteran, name war **Nil**

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Caroline Stolte**

6. (c) Age of husband or wife if alive **79** years

7. Birth date of deceased **August 5 1862**  
(Month) (Day) (Year)

8. AGE: Years **83** Months **11** Days **17**  
If less than one day hr. min.

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

10. Usual occupation **Retired**

11. Industry or business

12. Name **Randolph Stolte**

13. Birthplace **Unknown Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Arthur Stolte**

(b) Address **Belleville, Ill.**

17. (a) **Removal** (b) Date thereof **7-22-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Edwardsville, Ill.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **JUL 22 1946** **J. F. Bredeek**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Madison**

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

(d) Street No. **118 McKinley Ave.**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **22**  
year **1946** hour **3** minute **20** A.M.

21. I hereby certify that I attended the deceased from **7-13**, 19**46**, to **7-22**, 19**46**;  
that I last saw him alive on **7-22**, 19**46**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of Prostate**  
Due to **51**

Other conditions **Bladder neck obstruction**

Major findings: **Bladder neck obstruction**

Of operations **Bladder neck obstruction**

Of autopsy

Duration **3 yrs**

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **L. M. Aronbey** (M. D. or other) **M.D.**  
Address **462 No. Taylor, St. Louis, Mo.** Date signed **7/24/46**

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

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**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. *Not Embalmed*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**