

S. No. 2
PM-8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38713
Registrar's No. 9600

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
2905 Dodier St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days) 3 yrs.

3. (a) PRINT FULL NAME Anna Hoelscher

3. (b) If veteran, name war... No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife John Henry Hoelscher

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

7. Birth date of deceased August 27, 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>2</u>	<u>12</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Henry Doelling

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

14. Maiden name Unknown

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

16. (a) Informant Walter Hoelscher

(b) Address 2905 Dodier St.

17. (a) Removal (b) Date thereof 11-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Okawville, Ill.

18. (a) Signature of funeral director Suedmeyer & Sons

(b) Address 3934 N. 20th St.

19. (a) NOV 11 1946 (b) J. F. Bredebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1011

(d) Street No. 2905 Dodier
(If rural, give location) 90

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9th
year 1946 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from May 1946, 19 11-9 to 11-9, 19 46
that I last saw H.E.R. alive on 11-9- 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis

Due to old age

Due to.....

Other conditions Senility
(Include pregnancy within 3 months of death) 10/6

Duration 6 mo.

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

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) 0
While at work?..... (e) Means of injury.....

23. Signature Dr. Philip H. Chipman (M. D. or other) MD
Address 3518 Dodier Date signed 11-11-46

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..... *G. G. Smithers*.....

Licensed Embalmer No. *3916*.....

P. O. Address *3934 N. 20 St*.....

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.