S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3415

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 110

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Months (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 7522 Comgor Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) /
If yes, name country

3. (a) PRINT FULL NAME Charles D. Stelzer
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 Married
6. (b) Name of husband or wife Cecilia Stelzer
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased March (Month) 17 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
69	10	0	hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation Photo Engraver
11. Industry or business
FATHER 12. Name Valentine Stelzer
13. Birthplace St Louis (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name Mary Bronscher
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Cecilia Stelzer
(b) Address 7522 Comgor Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation Old S.S. Peter & Paul
18. (a) Signature of funeral director Arthur J Donnelly
(b) Address 3840 Lindell Blvd
19. (a) 1-20-47 (Date received local registrar) (b) Ruth Allen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 year 1947 hour 5 minute 45 A.M.
21. I hereby certify that I attended the deceased from Jan Dec 19 1946 to Jan 16 1947 and that I last saw him alive on Jan 16 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
chronic cholecystitis c. stones	3 yrs.
Due to chronic myocarditis	
Due to sclerosis of coronary vessels	
Due to cerebral hemorrhage	
Other conditions (Include pregnancy within 3 months of death) Lt. hemiplegia	

Major findings:
Of operations chronic cholecystitis c. stones.
Of autopsy advanced sclerosis of coronary vessels.

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 0
23. Signature Hermann Maas (M. D. or other)
Address 508 No. Grand Date signed 1/17/47

(Licensed Embalmer's Statement on Reverse Side)

Dr Kleinsohn D
Met-Bldg

JAN 30 1947

FEB 7 1947

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.