

Registration District No. **116**

Primary Registration District No. **3020**

Registrar's No. **121**

1. PLACE OF DEATH:

(a) County **Franklin**

(b) City or town **Washington**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Francis 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin**

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME **Philip Henry Hoelt**

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

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

7. Birth date of deceased **September 5th 1947**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** Day **10th**
year **1947** hour **2** minute **20 A** M.

21. I hereby certify that I attended the deceased from **9-5** 19**47**, to **9-6** 19**47**
that I last saw him alive on **9-5** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Apnea**

Duration _____

8. AGE:

| Years | Months | Days | If less than one day |
|----------|----------|----------|----------------------|
| 0 | 0 | 0 | 3 hr. 46 min. |

Due to **Prematurity**

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace **Washington Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

Major findings:
Of operations _____

Of autopsy **159**

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name **Charles H. Hoelt**

13. Birthplace **Union Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Berline Griffin**

15. Birthplace **Union Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles H. Hoelt**
(b) Address **Union Mo.**

17. (a) **Burial** (b) Date thereof **9/6/1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Union Mo.**

18. (a) Signature of funeral director **E. F. Olman**
(b) Address **Union Mo.**

19. (a) **9/6/47** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

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 **H. M. Senny** (M. D. or other) **Med.**
Address **Union Mo.** Date signed **9-6-47**

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

36
6
2

Date Filed 9-17-47

District File Number _____

District Health Officer No. 9,

RECEIVED

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 _____

Not Embalmed. _____, Registered Apprentice No. _____
working under my personal supervision.

Signed E. F. Olthmann _____

Licensed Embalmer No. 1686 _____

P. O. Address Union Md _____

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.