#83759

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

318

Registration District No. ..... Primary Registration District No. 1003

State File No. 24380
Registrar's No. 6714

1. PLACE OF DEATH:

(a) County .....
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(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 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5014 Plover Ave. 9
(If rural, give location)
Memorial 7 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Ernst Hoelscher
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Minnie Hoelscher
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased November (Month) 18 (Day) 1875 (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	8	11	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)
10. Usual occupation Dairy Worker
11. Industry or business .....

FATHER
12. Name Unknown
13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. Dorothy Koderhandt
(b) Address 5014 Plover Ave.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation Staunton, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) JUL 30 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th
year 1948 hour 5 minute 45 A M.
21. I hereby certify that I attended the deceased from 6/30/48
..... 19..., to July 29th 19 48
that I last saw him alive on July 29th 19 48
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Rectum	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Ca of Rectum
Of autopsy Ca of Rectum

PHYSICIAN
Underline the cause of 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 .....
23. Signature 1515 Lafayette (M.D.) 7/29/48
Address Albert Ripatto M.D. Date signed .....

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.