FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 12 1948

Registration District No. 318

MISSOURI-DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24381

Registrar's No. 6939

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: 3324 Bendick Avenue (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether In this community) 56 Years (years, months or days)

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") 17
(d) Street No. 3324 Bendick Avenue (If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No) 3 0
If yes, name country

3. (a) PRINT FULL NAME Louise Ida Hoelscher
3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles W. Hoelscher 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased July 25th, 1892 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	56	0	10	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business —

MOTHER / FATHER
12. Name Henry Wiese 1
13. Birthplace Germany (City, town, or county) (State or foreign country) 1
14. Maiden name Caroline Westerman
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Charles Hoelscher
(b) Address 3324 Bendick Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 9, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Our Redeemer Cemetery
18. (a) Signature of funeral director BEIDERWIEDEN F. H. INC.
(b) Address 1936 St. Louis Avenue
19. (a) AUG 7 - 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5th, year 1948 hour 6: minute 25 P. M.

21. I hereby certify that I attended the deceased from 7-9, 1948, to 8-5, 1948; that I last saw h... alive on 8-1, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(a) Amyotrophic Lateral Sclerosis	4 yrs
Due to	
Due to	
Other conditions (include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

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 Paul O Hagemann (M. D. or other)
Address 3720 Washington Date signed 8-6-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Paul O. Hagemann
3720 Washington Blvd.
2:00 - 5:00 P.M.

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 Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Av

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.