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FILED NOV 6 1948

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State File No. \_\_\_\_\_

9207

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. \_\_\_\_\_

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:  
St. John's Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 days  
(Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town Maplewood  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 7825 Weaver Ave.  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

John A. Hoelscher

(b) If veteran, name war \_\_\_\_\_

(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 Lena (nee) Henke 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased August 12, 1881  
(Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days 11 If less than one day \_\_\_\_\_  
hr. min.

9. Birthplace Jefferson City, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Street Car Mechanic

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Hoelscher

{ 13. Birthplace Jefferson City, Missouri  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown

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

16. (a) Informant Jean Mocca

(b) Address 6906a Magnolia Ave.

17. (a) Burial (b) Date thereof 10-26-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Rd.

19. (a) Oct 23 1948 (b) J. B. Larson  
(Date received local certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23  
 year 1948 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 10-18  
 to 10-23 1948  
 that I last saw him alive on 10-23 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) Means of injury MI

23. Signature R. H. [unclear] (M. D. or other) \_\_\_\_\_

Address 3903 Fair Ave. Date signed \_\_\_\_\_

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

**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.....

*J. E. Burgess*

Licensed Embalmer No.....

*4029*

P. O. Address.....

*Maplewood*

**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.**