

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2330

BIRTH NO.		REG. DIST. NO. 310	PRIMARY REG. DIST. NO. 710	Registrar's No. 1	
1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. LENGTH OF STAY (in this place) 9 days			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles			
		d. STREET ADDRESS (If rural, give location) 517 South Third Street			
3. NAME OF DECEASED (Type or Print) a. (First) Herman		b. (Middle) Henry		c. (Last) Hoelscher	
4. DATE OF DEATH (Month) (Day) (Year) January 1, 1949					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 19, 1864	
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR 4 Months		IF UNDER 12 HRS. 12	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Finisher		10b. KIND OF BUSINESS OR INDUSTRY Car Mfg.		11. BIRTHPLACE (State or foreign country) St. Charles County, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Fred W. Hoelscher		13b. MOTHER'S MAIDEN NAME Christina Holtgraewe		14. NAME OF HUSBAND OR WIFE Hilda Gronefeld	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 488-16-7448		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hubert Hoelscher, St. Charles, Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic heart disease after streptococcus ANTECEDENT CAUSES (b) Rheumatic fever Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) Generalized arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cardiac Decompensation ?			INTERVAL BETWEEN ONSET AND DEATH ?
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no 4/11.3		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) no		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) no	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) no		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> no		21f. HOW DID INJURY OCCUR? no	
22. I hereby certify that I attended the deceased from 4/11, 1949, to 1/1, 1949, that I last saw the deceased alive on 1/1, 1949, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE R. O. Hayden M.D.		23b. ADDRESS St. Charles Mo		23c. DATE SIGNED 1/4/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 4, 1949		24c. NAME OF CEMETERY OR CREMATORY: St. Johns Cemetery	
		24d. LOCATION (City, town, or county) (State) St. Charles, Mo.			
DATE REC'D BY LOCAL REG. 1-8-49		REGISTRAR'S SIGNATURE Francis Hamilton		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hackmann-Bauer, Inc., St. Charles, Mo	

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

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RECEIVED
District Health Officer No.
District File Number
Date Filed JAN 17 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Frederic W. Bane

Signed _____
Student Embalmer

Licensed Embalmer No. 4607

P. O. Address St. Charles, Mo.

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.