

FILED FEB 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2345

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 6051		Registrar's No. 10	
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 OR TOWN Rural Rt. 2		c. LENGTH OF STAY (in this place) 83 yrs.		c. CITY OR TOWN Rural Rt # 2			
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Rt. 2				d. STREET ADDRESS (If rural, give location) Rt # 2 St Charles Mo			
3. NAME OF DECEASED (Type or Print) Julia		a. (First)		b. (Middle)		c. (Last) Hoelscher	
4. DATE OF DEATH Jan. 13 '49		5. SEX F.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Widowed (Specify)	
8. DATE OF BIRTH Oct. 18, 1865		9. AGE (In years last birthday) 83 yrs.		IF UNDER 1 YEAR 2 Months 25 Days		IF UNDER 24 HRS. 2 Hours 15 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY OWN.		11. BIRTHPLACE (State or foreign country) St. Charles, County		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Stephen Wallenbrock		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Paul Hoelscher			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mr Otto Kackmann ADDRESS 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen. Arterio Sclerosis DUE TO (c) H2O II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chl nephritis				INTERVAL BETWEEN ONSET AND DEATH 5 yrs 5 yrs 3 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1/12/49 , to 1/13/49 , 1949, that I last saw the deceased alive on 1-13-49 , and that death occurred at 3:35 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE R. R. Bunkle M.D.		(Degree or title)		23b. ADDRESS 1265 Main		23c. DATE SIGNED 1/15/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 16, 1949		24c. NAME OF CEMETERY OR CREMATORY Kinders Cemetery		24d. LOCATION (City, town, or county) (State) St Charles Co. Mo.	
DATE REC'D BY LOCAL REG. 1-22-49		REGISTRAR'S SIGNATURE Francis Havelle		25. FUNERAL DIRECTOR'S SIGNATURE Otto Kackmann		ADDRESS St Charles Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

92

Date Filed JAN 31 1949
District File Number
District Health Officer No. 9,
RECEIVED

FEB 5 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 Arthur C. Paul

Signed _____
Student Embalmer

Licensed Embalmer No. 315-1

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.