

FILED OCT 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33138**

BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **145**

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union, Missouri	
c. LENGTH OF STAY (In this place) 2 days		d. STREET ADDRESS (If rural, give location) Washington Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) George	b. (Middle) F.	c. (Last) Hoelscher	4. DATE OF DEATH (Month) (Day) (Year) Oct. 15, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 22, 1884	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 1 Days 23	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Plastering	11. BIRTHPLACE (State or foreign country) Union Rural Route	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Fred Hoelscher	13b. MOTHER'S MAIDEN NAME Mathilda Grus	14. NAME OF HUSBAND OR WIFE Louise Hoelscher
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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. 489-18-3550	17. INFORMANT'S SIGNATURE OR NAME Louise Hoelscher	ADDRESS Union, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1. W.C.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial degeneration DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **6-15, 1950**, to **10-15-50**, 19____, that I last saw the deceased alive on **10-14, 1950**, and that death occurred at **12:30 P.M.** on the causes and on the date stated above.

23a. SIGNATURE H.M. Denny (Degree or title) M.D.	23b. ADDRESS Union, Mo.	23c. DATE SIGNED 10-17-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-18-50	24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery	24d. LOCATION (City, town, or county) (State) Union, Missouri
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DATE REC'D BY LOCAL REG. Oct. 17, 1950	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 21 1950

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Harlan Chamber

Signed
Student Embalmer

Licensed Embalmer No. 4488

P. O. Address Union St

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

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