

## STANDARD CERTIFICATE OF DEATH

State File No. 6218  
949

BIRTH NO. #118053 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 -Registrar's No.

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY  |  |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis, Mo.   |  | c. LENGTH OF STAY (in this place)  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2019  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) MINNIE b. (Middle) Regina c. (Last) HOELSI  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br>Jan. 28th, 1951   |  |
| 5. SEX Female   | 6. COLOR OR RACE White   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed   | 8. DATE OF BIRTH Oct 21 1866   |
| 9. AGE (in years last birthday) 84  |  | 10. KIND OF BUSINESS OR INDUSTRY *****   | 11. BIRTHPLACE (State or foreign country) Switzerland 5                          |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired   |  | 12. CITIZEN OF WHAT COUNTRY? US  |  |
| 13a. FATHER'S NAME Waldvogel  |  | 13b. MOTHER'S MAIDEN NAME Dont Know  | 14. NAME OF HUSBAND OR WIFE Melchior Hoesli Dec.                                 |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No  |  | 16. SOCIAL SECURITY NO. None   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ella McCullough 6166 Suburban Ave      |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>arteriosclerotic Heart Disease</i><br>INTERVAL BETWEEN ONSET AND DEATH<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |
| 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)   | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <i>H2O</i>  |  |
| 22. I hereby certify that I attended the deceased from 12/30/50, to 1/28/51, 19, that I last saw the deceased alive on 1/28/51, 19, and that death occurred at 9:25 PM m., from the causes and on the date stated above.      |  |  |  |
| 23a. SIGNATURE <i>Dwain Bailey</i> (Degree or title) H.O.O.   |  | 23b. ADDRESS 1515 Lafayette Ave.,  | 23c. DATE SIGNED 1/28th, 1951  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  | 24b. DATE Jan 31 1951  | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.  | 24d. LOCATION (City, town, or county) (State) St. Louis Mo.                      |
| DATE REC'D BY LOCAL REG. JAN 30 1951  | REGISTRAR'S SIGNATURE <i>J B Lester</i>  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W Clark 1125 Hodiament Ave.  |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Alfred J. Borden

Licensed Embalmer, No. 2663

P. O. Address 1125 1/2 Williams

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.