

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22611**

FILED JUL 6 - 1953

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **1-570**

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. CITY OR TOWN St. Charles	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) Life		e. STREET ADDRESS (If rural, give location) 608 S. 4th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) FRED	b. (Middle) W.	c. (Last) HOELSCHER	4. DATE OF DEATH (Month) (Day) (Year) July 1, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 27, 1897	9. AGE (In years last birthday) 55	# UNDER 1 YEAR Months 3 Days 4	# UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker	10b. KIND OF BUSINESS OR INDUSTRY Int. Shoe Co.	11. BIRTHPLACE (City and State or Foreign Country) St. Charles County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Mrs. Hoelscher	13b. MOTHER'S MAIDEN NAME Emma Haller	14. NAME OF HUSBAND OR WIFE Elsie Schlueter 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. 492-01-8881	17. INFORMANT'S SIGNATURE OR NAME Mrs. Elsie Hoelscher, St. Charles, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Descending Colon		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153X			

19a. DATE OF OPERATION Jun 30, 1953	19b. MAJOR FINDINGS OF OPERATION Carcinoma Descending Colon = bowel obstruction	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) _____	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 **May 15, 1953** to **July 1, 1953**, that I last saw the deceased alive on **July 1, 1953**, and that death occurred at **8:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. Poggenius MD	23b. ADDRESS 200 Clay St. St. Charles Mo	23c. DATE SIGNED July 2, 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 3, 1953	24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery	24d. LOCATION (City, town, or county) (State) St. Charles, Missouri
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DATE REC'D BY LOCAL REG. July 2 1953	REGISTRAR'S SIGNATURE Ramie Bennett	25. FUNERAL DIRECTOR'S SIGNATURE Richard Banc	ADDRESS St. Charles Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 2 1954

JUL 22 1954

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..

Student.....
Signature of Student Embalmer

Signed *Clarence M. Bilto*

Licensed Embalmer No. 4375

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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