

STANDARD CERTIFICATE OF DEATH

43991

FILED JAN 11 1954

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>3088</u>		Registrar's No. <u>32</u>	
1. PLACE OF DEATH a. COUNTY <u>St Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Charles</u>		c. LENGTH OF STAY (in this place) <u>62 yrs</u>		c. CITY OR TOWN <u>St Charles</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>927 South 5th St</u> <u>09230</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>G.</u> c. (Last) <u>Hoelscher</u>			4. DATE OF DEATH (Month) <u>Dec</u> (Day) <u>30</u> (Year) <u>1953</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Sept. 25 1891</u>	
9. AGE (In years last birthday) <u>62</u>		10. MONTHS <u>3</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St Charles Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work depending on most of working life, even if retired) <u>Shoe Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Factory</u>					
13a. FATHER'S NAME <u>George Hoelscher</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Hollrah</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>World War 1</u>		17. INFORMANT'S SIGNATURE OR NAME <u>St Charles</u> <u>Mrs Emil Engel 903 So. 5th St</u> <u>mo</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mural thrombus rt. atrium</u> <u>14K</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u> <u>1042</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of sigmoid colon</u> <u>14V</u>				INTERVAL BETWEEN ONSET AND DEATH <u>14K</u> <u>1042</u> <u>14V</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4200 H</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? _____			
22. I hereby certify that I attended the deceased from <u>Dec 1952</u> to <u>Dec 30, 1953</u> , that I last saw the deceased alive on <u>Dec 29, 1953</u> , and that death occurred at <u>8:04</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. A. Poggenius MD</u> (Doctor or title)				23b. ADDRESS <u>200 Clay St St Charles Mo</u>		23c. DATE SIGNED <u>Dec 30 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 2 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St John's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Charles Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 8 1954</u>		REGISTRAR'S SIGNATURE <u>Francine Hammett</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Reed</u> ADDRESS <u>St Charles Mo.</u>			

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

MAY 15 1966

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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..... *Harold M. Billo*

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.