

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
35471
Registrar's No. 8721

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8721**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 1 day		e. STREET ADDRESS (If rural, give location) 5328a Terry Avenue 20690			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) August	b. (Middle) E.	c. (Last) Hoelscher	(Month)	(Day)	(Year)
5. SEX Male			6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH May 2, 1880		
9. AGE (In years last birthday) 74			10. IF UNDER 1 YEAR: Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Clerk			10b. KIND OF BUSINESS OR INDUSTRY Schulte Hdw. Co.		
11. BIRTHPLACE (City and State or Foreign Country) Germany			12. CITIZEN OF WHAT COUNTRY? Germany		

13a. FATHER'S NAME Herman Hoelscher		13b. MOTHER'S MAIDEN NAME Ann unknown		14. NAME OF HUSBAND OR WIFE	
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. 494-24-6436		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Geo. Wilken, #3 Lomond Dr.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Carcinoma, Lymph		12 hrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		-		-	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Auto cardiac failure	
		DUE TO (c)		-	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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? 153x	

22. I hereby certify that I attended the deceased from **8/17/54**, to **9/23/54**, 19**54**, that I last saw the deceased alive on **9/23**, 19**54**, and that death occurred at **10 AM**, from the causes and on the date stated above.

23a. SIGNATURE James C. Sweeney M.D.		23b. ADDRESS 4445 Hall Bridge		23c. DATE SIGNED 9/23/54	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 9/27/54		24c. NAME OF CEMETERY OR CREMATORY New Bethlehem	
		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.			

DATE REC'D BY LOCAL REG. SEP 24 1954		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral 1905 Union Blvd.	
--	--	---	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. R. Sundermann
4943 Natural Bridge

1-5-
~~9th~~ 11 DAY

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 *Warren A. Carver*.....
Licensed Embalmer No. *35*.....

P. O. Address.....

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.