

FILED MAY 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19194**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1202**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural-Meramec		c. CITY OR TOWN Rural-Meramec 4000	
c. LENGTH OF STAY (in this place) 74 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Eatherton Road		e. STREET ADDRESS (If rural, give location) Eatherton Road	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) August c. (Last) Hoeltge			4. DATE OF DEATH (Month) (Day) (Year) 5/12/56		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH Dec. 22, 1881		9. AGE (In years last birthday) 74		10. IF UNDER 1 YEAR Days _____ 11. IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (City and State or Foreign Country) St. Louis County, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Albert Hoeltge		13b. MOTHER'S MAIDEN NAME Laura Paubel	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 488-26-2282	
17. INFORMANT'S SIGNATURE OR NAME Wm Hoeltge, Glencoe, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. INTERVAL BETWEEN ONSET AND DEATH 30 days	

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure		2. ANTECEDENT CAUSES		3. DUE TO (b) Arteriosclerotic Cardio-	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Vascular disease	
4. II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia		5. 4 days	

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) (m.)		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 Apr 24 , 1956, to May 8 , 1956, that I last saw the deceased alive on May 8 , 1956, and that death occurred at 2:30 P.M. , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) James E. Meyer MD		23b. ADDRESS Ballwin Mo.	
23c. DATE SIGNED May 14 1956		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/15/56	
24c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery,		24d. LOCATION (City, town, or county) (State) Monarch, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home, Ballwin, Mo.	

DATE REC'D BY LOCAL REG. 5-14-56		REGISTRAR'S SIGNATURE Herbert B. Dombrowski		25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home, Ballwin, Mo.	
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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 Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Richard Bopp

Licensed Embalmer No. *45*

P. O. Address *Baltimore*

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.