

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015937

FILED MAY 12 1958

Registration District No. \_\_\_\_\_

318

Primary Registration District No. \_\_\_\_\_

1003

STATE FILE NUMBER

4042

Registrar's No. \_\_\_\_\_

300  
1-57 (1)

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Florissant 4061 <sup>n</sup>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp. #1		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 27 1025 Charbonier Rd.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Louis Stanley Hoelscher			4. DATE OF DEATH Month Day Year Apr 10- 1958		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 29th, 1922		9. AGE (In years last birthday) 35
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Foreman		10b. KIND OF BUSINESS OR INDUSTRY Maloney Electric		11. BIRTHPLACE (City and state or country) St. Louis, Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Louis Stanley Hoelscher		13b. MOTHER'S MAIDEN NAME Sophie Tinnemeyer		14. NAME OF HUSBAND OR WIFE Dolores Hoelscher	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give name or dates of service) Yes World War # 2		16. SOCIAL SECURITY NO. 486-14-6262		17. INFORMANT Address Florissant, Mo Dolores Hoelscher, 1025 Charbonier Rd.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>BRONCHOPNEUMONIA</b> DUE TO (b) <b>STAPHYLOCOCCUS</b> DUE TO (c) <b>DELIRIUM TREMENS 307X</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>LAENNET'S CIRRHOSIS</b>					INTERVAL BETWEEN ONSET AND DEATH 10 DAYS  TWO WEEKS
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 3-28-58, to 4-10-58 and last saw him alive on 4-10-58 Death occurred at 8:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Daniel I. Mullally, M.D.			22b. ADDRESS 1515 Lafayette		22c. DATE SIGNED 4-10-58
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 4/14/58	23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION  
Corr. by aff. 6/9/1958 ed.

All diseases in Part I must be causally related.

24. FUNERAL DIRECTOR ADDRESS CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., MINERAL HOME, INC., St. Louis, 15, Mo.		25. DATE RECD. BY LOCAL REG. APR 12 58	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.
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EMBALMER

STATEMENT BY LICENSED EMBALMER

• 11A Yd. • 1100  
BPP/E/1

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 *John A. Merian* .....  
Licensed Embalmer No. *4186* .....  
P. O. Address *St. Louis* .....

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.