

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... *St. Louis Mo* (No. ....)

Registration District No. **1003**  
Primary Registration District No. ....

File No. **26524**  
Registered No. **6693**  
Ward) .....

**2. FULL NAME**

(a) Residence, No. .... St., **24** Ward.

(Usual place of abode) ..... (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Dora Hohlstadter*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 15 1877*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
*57 4 20*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retail Cigar Maker*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *own Business*

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo*

FATHER 13. NAME *George Hohlstadter*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

MOTHER 15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT *Dora Hohlstadter*

(ADDRESS) *1312 Criffenden Ave*

18. BURIAL, CREMATION, OR REMOVAL *St. Peter's Church July 7 1934*

19. UNDERTAKER (ADDRESS) *Mrs. J. Roberts 61534 1902 S. Grand St.*

20. FILED *6 15 34* 19. .... Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 5 1934*

22. HEREBY CERTIFY, That I attended deceased from *July 2* 1934, *July 5* 1934. I last saw him alive on *July 5* 1934. Death is said to have occurred on the date stated above, at *13:00* p.m. The principal cause of death and related causes of importance were as follows:

Date of onset *July 1 1934*  
*apoplexy*  
*87A*  
Other contributory causes of importance:  
*87A*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *No*

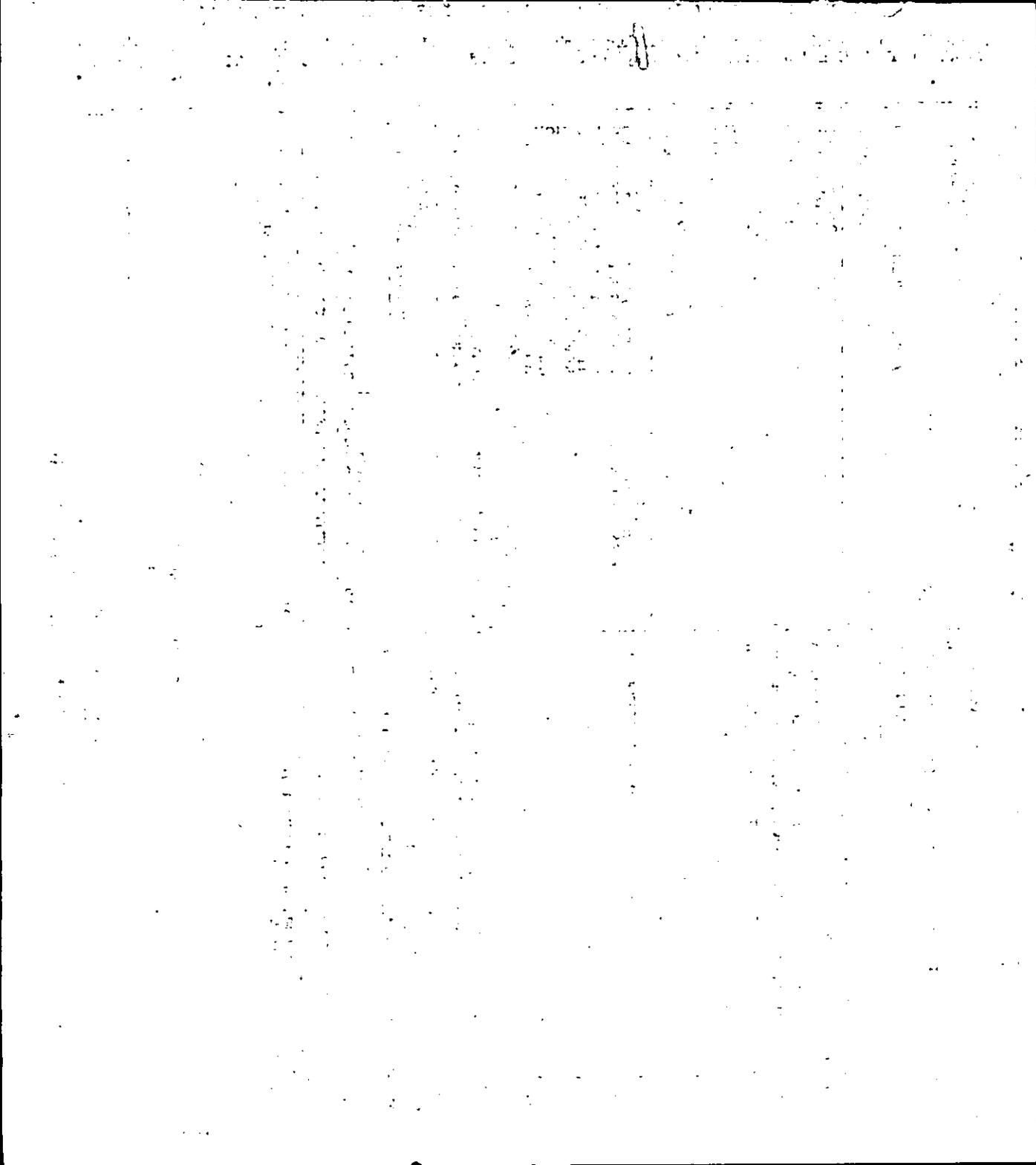
If so, specify..... (Signed) *Edward Wenger* M. D.

(Address) *2002 E. D. Dwyer*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 15 1934

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD



#2  
St. Louis

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
WASHINGTON

E. T. McGaugh, M. D.,  
Special Agent,  
Jefferson City, Mo.  
6693

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Fred W. Wohlstader  
Who died at \_\_\_\_\_ on July - 5 - 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex M Color or race \_\_\_\_\_ Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_  
Birthplace (State or country) \_\_\_\_\_  
Birthplace of father (State or country) \_\_\_\_\_  
Birthplace of mother (State or country) \_\_\_\_\_  
Principal cause of death: \_\_\_\_\_

Other contributory causes of importance \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
Name of physician \_\_\_\_\_  
Address of physician \_\_\_\_\_  
Signature of Registrar J. J. Bredecks 8-29-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 791  
Primary Reg. Dist. No. 1003

Very truly yours,  
E. T. McGaugh M.D.  
Special Agent.

26524