

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH791
1008

17061

Do not use this space.

4922

1. PLACE OF DEATH

(a) County..... Registration District No.
 (b) Township..... Primary Registration District No. Registered No.
 (c) City St. Louis, Mo. (d) Street No. Enroute to City Hospital #1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William J. Stoltz 343
 (a) Residence, No. 1533 Franklin Ave St. 25 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alice Stoltz</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 23rd 1864</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>3</u>	DAYS <u>1</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Maintenance</u>		
9. Industry or business in which work was done, as saw mill, bank, etc.		
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) <u>Belleville Ill.</u>		
13. NAME <u>William Stoltz</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bellevue Ill.</u>		
15. MAIDEN NAME <u>Mary Demola</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		
17. INFORMANT <u>Mrs. Mamie Chmbe</u> (ADDRESS) <u>1114 Hebert St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Belleville, Ill.</u> DATE <u>5-28-38</u>		
19. FUNERAL DIRECTOR (NAME) <u>Mullen Bros</u> (ADDRESS) <u>4259 Lindell Blvd</u>		
20. FILED <u>MAY 28 1938</u> <u>J. P. Bredeek</u> Health Registrar		

MEDICAL CERTIFICATE OF DEATH

no attending physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-24-38 19

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 1:35 am.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion;
Arteriosclerosis.

Date of onset

Other contributory causes of importance:

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

What test confirmed diagnosis?..... Was there an autopsy? no23. 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.

See above

Manner of injury.....

Nature of injury.....

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

If so, specify.....

(Signed) W. H. Perry(Address) Valley City, Missouri

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

Registered Apprentice No., working under my personal supervision?

Signed *Thomas R Fenwick*

Licensed Embalmer No. *3793*

P. O. Address *St Louis 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 this body is not embalmed, above space should be left blank.