

FILED OCT 24 1947 318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

9410

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution..... **MISSOURI PACIFIC HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days) **HENRY**

3. (a) PRINT FULL NAME **OSWALD A STOLLE**

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex..... **M.** 5. Color or race..... **W**
6. (a) Single, widowed, married, divorced..... **MARRIED**
6. (b) Name of husband or wife..... **MARY STOLLE**
6. (c) Age of husband or wife if alive..... **60** years
7. Birth date of deceased..... **APRIL 27 1886**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 | **5** | **12** | hr. min.

9. Birthplace..... **WASHINGTON** **MO**
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business..... **RAILROAD**

12. Name..... **HENRY STOLLE**

13. Birthplace..... **GERMANY**
(City, town, or county) (State or foreign country)

14. Maiden name..... **JOHANNA FLOTHMANN**

15. Birthplace..... **GERMANY**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **MARY STOLLE**

(b) Address..... **3603 ASO JEFFERSON**

17. (a) **BURIAL** (b) Date thereof..... **10-13-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **ST. TRINITY LUTHERAN, CEM.**

18. (a) Signature of funeral director..... **E. J. Schauer**

(b) Address..... **3125 LAFALETTE**

19. (a) **OCT 11 1947** (Date received local registrar's certificate)

(b) Registrar's signature..... **J. Brudner**

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **MO** (b) County..... **WAS**
(c) City or town..... **ST LOUIS** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **3603 ASO JEFFERSON** **9**
94 (If rural, give location) **0**
(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **October** day..... **9**
year..... **1947** hour..... **11** minute..... **00 P.** M.

21. I hereby certify that I attended the deceased from..... **October**
first....., 19..... **47** to..... **October 9**....., 19..... **47**
that I last saw him alive on..... **October 9**....., 19..... **47**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Coronary artery thrombosis**

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?..... (Specify type of place)

While at work?..... (e) Means of injury..... **0**

Signature..... **John M. Ellis** (M. D. or other)

Address..... **Mo. Pacific Hospital** Date signed..... **10/9/47**

10-15-47

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

10-15-47

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, *Joseph Vollmer*

Licensed Embalmer No. *41014*

P. O. Address *3125 Lafayette*

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, fact should be so stated above.