

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23084

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1800

1. PLACE OF DEATH  
a. COUNTY St. Louis  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 10695 Bellefontaine Rd. 2 Elys-  
c. LENGTH OF STAY (in this place) 2 Elys-  
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Training

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)  
a. STATE Missouri b. COUNTY St. Louis  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bellefontaine Neighbors 4020  
d. STREET ADDRESS (If rural, give location) 10695 Bellefontaine Rd.

3. NAME OF DECEASED  
a. (First) Vanell b. (Middle) \_\_\_\_\_ c. (Last) Bucholtz  
4. DATE OF DEATH (Month) (Day) (Year) 6 30 1952

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married  
8. DATE OF BIRTH 7-30-1913 9. AGE (In years last birthday) 38 10 MONTHS 29 DAYS 15 HOURS MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None  
10b. KIND OF BUSINESS OR INDUSTRY NEVER WORKED  
11. BIRTHPLACE (State or foreign country) Milwaukee, Wisc.  
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME William Bucholtz 13b. MOTHER'S MAIDEN NAME Anna Baumann 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) \_\_\_\_\_  
16. SOCIAL SECURITY NO. None  
17. INFORMANT'S SIGNATURE OR NAME Records of St. Louis State Tr. School ADDRESS 10695 Bellefontaine

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Heat Exhaustion INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs.  
\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Mental Retardation. Life

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION 400 69317 20. AUTOPSY? YES  NO

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) 46 (COUNTY) \_\_\_\_\_ (STATE) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from July 21, 1942, to June 30, 1952, that I last saw the deceased alive on June 30, 1952, and that death occurred at 3 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dorothy M. Ellersiecker M.D. 23b. ADDRESS 10695 Bellefontaine Rd 23c. DATE SIGNED 6-30-52

24a. BURIAL / CREMATION REMOVAL (Specify) Removal 24b. DATE 7-1-52 24c. NAME OF CEMETERY OR CREMATORY \_\_\_\_\_ 24d. LOCATION (City, town, or county) (State) Milwaukee, Wisc.

DATE REC'D BY LOCAL REG. 7-1-52 REGISTRAR'S SIGNATURE Herbert P. ... 25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington Blvd.

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

200

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*M. W. Rueter*

Signed.....

Student Embalmer

Licensed Embalmer No. 4865

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, fact should be so stated above.