DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23712

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 5985

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: 3137 Cherokee St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community about 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3137 Cherokee St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Frederick Holke

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased March 13, 1874 (Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 23 If less than one day hr. min.

9. Birthplace (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Salesman

11. Industry or business

FATHER
12. Name Frederick Holke
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Not known
15. Birthplace (City, town, or county) Not known (State or foreign country)

16. (a) Informant's own signature Louise Holke
(b) Address 3137 Cherokee St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset B. Pk.

18. (a) Signature of funeral director J. L. Ziegenhein & Sons
(b) Address 7027 Gravois

19. (a) JUL 7 1939 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1939 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 26, 1939, to July 6, 1939 that I last saw him alive on July 5, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration instantaneous

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Arterio-sclerosis — 1 yr.

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

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

23. Signature Dr. P. Bruckbauer (M. D. or other)
Address 3147 S. Jeff. Ave. Date signed 7/6/39

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Clarence P Kidwell

Licensed Embalmer No. 3877

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.