

Registration District No. **791**
1003

Primary Registration District No. _____

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:
2318a University St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **50 yrs.**
years, months or days

8. (a) PRINT FULL NAME **Carrie Holub** **410**

8. (b) If veteran, name war **No** 8. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Wid.**

6. (b) Name of husband or wife **Joseph Holub** 6. (c) Age of husband or wife if alive **Dead.** years

7. Birth date of deceased **Oct.** **20th.** **1875**
(Month) (Day) (Year)

8. AGE: Years **63** Months **9** Days **11** If less than one day
hr. _____ min.

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

10. Usual occupation **Housework**

11. Industry or business _____

MOTHER FATHER
12. Name **Dont Know**
13. Birthplace **Poland**
(City, town, or county) (State or foreign country)
14. Maiden name **Dont Know**
15. Birthplace **Poland**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Helen Truskoski**
(b) Address **2318a University St.**

17. (a) **Burial** (b) Date thereof **8-3-39**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**
Trout Mid Co.

18. (a) Signature of funeral director _____
(b) Address **3710 N. Grand Blvd**

19. (a) _____ (b) **J. D. Schubert**
(Date of local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **1**
(c) City or town **St. Louis** **20**
(If outside city or town limits, write "RURAL")
(d) Street No. **2318a University St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **50 yrs.** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **31st**
year **1939** hour **8.35** minute **P.** M.

21. I hereby certify that I attended the deceased from **July 1**, 19**39**, to **July 31**, 19**39**,
that I last saw **her** alive on **July 31**, 19**39**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of rectum** Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: **Carcinoma of rectum**
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Henry C. Westerman** (M. D. or other) **M.D.**
Address **2136 East Grand Ave** Date signed **8-2-39**

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

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 2 1939

*N.E. Westerman
2136 E. Grand
1-18 P.M.*

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed A. A. Smithers
Licensed Embalmer No. 3916
P. O. Address 3710 N. Grand Blvd.

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.