

FILED SEP 25 1940 791

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
4919 S. Broadway 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 77 years  
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Mrs. Elizabeth Holtz 43 ✓

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry H. Holtz 6. (c) Age of husband or wife if alive years

7. Birth date of deceased September 21, 1862  
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 29 If less than one day hr. min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Household

11. Industry or business

12. Name Louis Schaefer

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

14. Maiden name Anna Schewe

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

16. (a) Informant Arthur Holtz  
 (b) Address 4919 S. Broadway

17. (a) Burial (b) Date thereof Aug. 22, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Luth. Cem.

18. (a) Signature of funeral director J. F. Beck  
 (b) Address 1936 St. Louis Avenue

19. (a) AUG 22 1940 (b) J. F. Beck  
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ---  
 (c) City or town St. Louis 15  
(If outside city or town limits write "RURAL")  
 (d) Street No. 4919 S. Broadway  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. --- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19th  
 year 1940 hour 11 minute 35 P. M.

21. I hereby certify that I attended the deceased from Aug 10  
1937 to Aug 19 40  
 that I last saw him alive on Aug 19 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Rheumatic Ends catches & Chronic Indurated nephritis 3

Due to Circulatory Failure up to

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

Major findings: ---  
 Of operations ---  
 Of autopsy ---

Duration  
 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 Aelay Lefournier (M. D. or other)  
 Address 5739 Gravois Date signed 8/24/40

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

MOTHER FATHER

Dr. A. B. Young  
5439 Grand  
6-8.

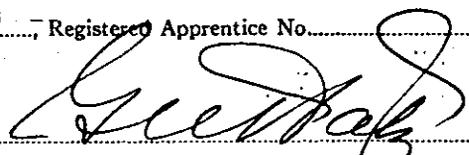
**STATEMENT BY LICENSED EMBALMER**

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.

Registered Apprentice No. ....

Signed.....



Licensed Embalmer No. 3937

P. O. Address 1926 H. St.

**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.**