

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis **2**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 157 St. George 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis **23**
(If outside city or town limits, write "RURAL")
(d) Street No. 157 St. George St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULLNAME Lisette Holzborn **421**

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

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

6. (b) Name of husband or wife Gustave Holzborn 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 18, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 2 2 _____ hr. _____ min.

9. Birthplace St. Louis, Mo. **6**
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Louis Zink

13. Birthplace Germany **6**
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Germany **6**
(City, town, or county) (State or foreign country)

16. (a) Informant Marth Vollmer

(b) Address 157 St. George St.

17. (a) Burial (b) Date thereof 8/24/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's Church Yard

18. (e) Signature of funeral director Weick Bros. Und. Co
(b) Address 2201 S. Grand St.

19. (a) AUG 24 1940 (b) J.F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20
year 1940 hour 4 minute 40 A.M.

21. I hereby certify that I attended the deceased from May
_____ 1940 to Aug _____ 1940
that I last saw he alive on Aug 19 _____ 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma, Carcino

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? _____

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

23. Signature J.F. Budeck (M. D. or other) MD
Address 31158 Grand Date signed 8/20/40

Duration

2 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

A B-m 2 Hotel
3115 S. Howard Ave 20m.

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.....

Dany A. Howard

Licensed Embalmer No..... 3722.....

P. O. Address..... 412 Duchouquette 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, fact should be so stated above.