

2
3-40
-39
K23159

LEA MAR 25 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1581

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: St. Louis Hospital
(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

3. (a) PRINT FULL NAME Rev. Francis J. Holweck

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

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

7. Birth date of deceased April 30th 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation Priest

11. Industry or business _____

12. Name Conrad Holweck

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

14. Maiden name Sybil Weber

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

16. (a) Informant Frank Kannapell

(b) Address 4436 North 19th St.

17. (a) Burial (b) Date thereof 2/20/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) FEB 18 1941 (b) J. T. Bredeck
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County City of St. Louis Co.
(c) City or town St. Louis 00018
(If outside city or town limits, write "RURAL")
(d) Street No. 4019 St. Louis St
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17
year 1941 hour 10 minute 14 A.M.

21. I hereby certify that I attended the deceased from 1925
_____, 19____, to Feb 17 - 41, 19____,
that I last saw him alive on Feb 16 - 41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 10 min.

Due to _____

Due to _____

Other conditions Quinia Peptonis
(Include pregnancy within 3 months of death)

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? _____

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

23. Signature J. T. Bredeck (M. D. or other) _____

Address 3831 Market St Date signed 2/17/41

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

MOTHER FATHER

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.....

Sheldon Collier

Licensed Embalmer No... *3382*

P. O. Address.....

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.