S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5525
Registrar's No. 1773

Registration District No. 791 Primary Registration District No. 1003

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

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1. PLACE OF DEATH:
(a) County St
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3511 California Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Franklin 36
(c) City or town Washington NR 6
(If outside city or town limits, write "RURAL")
(d) Street No. 202 W. 5th St. 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME CAROLINA MARIE HOLTGRIEVE

3. (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 2

6. (b) Name of husband or wife Johann Holtgrieve (Deceased)
6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 1 (Month) 10 (Day) 1850 (Year)

8. AGE: Years 90 Months 8 Days 9 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business none

FATHER
12. Name Unknown
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Waldemar Martin
(b) Address 3511 California St Louis, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/19/41 (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo
18. (a) Signature of funeral director Nieburg & Vitt Inc
(b) Address Washington, Mo. By A. C. Nieburg
19. (a) FEB 25 1941 (Date received local registrar) (b) J. H. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19th day February year 1941 hour 3 minute 35 P. M.

21. I hereby certify that I attended the deceased from November 2, 1940, to February 19, 1941; that I last saw her alive on February 19th, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	3 years
Due to Arterio-Sclerosis	3 years
Due to Senility "Advanced Age"	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

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 Julius Chas Rotter (M. D. or other) M. D.
Address 2603 Cherokee St Date signed 2/19/41

(Licensed Embalmer's Statement on Reverse Side)

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. J. Hilburg

Licensed Embalmer No. 2387

P. O. Address Washington, Mo

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.