No. 2
-1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20452

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 5264

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 yr. 4 mo. 15 dy. (Specify whether years, months or days)
In this community 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 1713
(d) Street No. 3822 No. 1st. St. City Infirmary (If institution, give location) 5
(e) Citizen of foreign country? ~~XXXX~~ 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOSEPH HOLZHAUER

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Male 0 ~~xWhitex~~

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Holzhauer

6. (c) Age of husband or wife if alive Unknwon years

7. Birth date of deceased April 19, 1866 (Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 6 If less than one day ____ hr. ____ min.

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

10. Usual occupation Meat cutter

11. Industry or business Meat cutter

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

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

16. (a) Informant [signature]
(b) Address 5400 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John T. Siegenbein
(b) Address 7027 Gravois Avenue

19. (a) JUN 26 1941 (Date received local registrar) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th year 1941 hour 6.50 P.M. minute ____ M.

21. I hereby certify that I attended the deceased from February 1st, 1941, 19__, to June 25th 1941; that I last saw him alive on June 25th, 1941, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis 6-14-41	
Due to: General Arteriosclerosis 2-1-41	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: No	

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 Paul T. Hartman (M. D. or other)
Address 5400 Arsenal St. Date signed 6-26-41

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.