

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1727

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town Gardenville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8522 Kathleen Ave.
(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 Jacob J. Holweg

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

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

6. (b) Name of husband or wife Hendrina 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July 27 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months -- Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Bernard Holweg
13. Birthplace Ohio
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Ellink
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Hendrina Holweg
(b) Address 8522 Kathleen Ave.

17. (a) Burial (b) Date thereof Aug. 19, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director J. H. Gebken, Luth. and Co.
(b) Aug 18 1941 2842 Meramec St.

19. (a) Aug 18 1941 (Date received local registrar)
E. J. McGowan (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis, 96
(c) City or town _____ (If outside city or town limits, write "RURAL") 0
(d) Street No. 8522 Kathleen Ave. (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 16th
year 1941 hour 1 minute 50 P. A. M.

21. I hereby certify that I attended the deceased from April 3, 1941 to Aug. 16, 1941;
that I last saw him alive on Aug. 16, 1941, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency
Due to Chronic Endocarditis 6 "
Cirrhosis of Liver

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

Major findings: 124/1
Of operations _____
Of autopsy _____

Duration 4 mos
6 "
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? _____ (Specify type of place) _____
Means of injury _____

23. Signature A. W. Peters (M. D. or other) M. D.
Address 4145 a S. Grand Date signed 8/16/41

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

SEP 11 1941

SEP 29 1941

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

Loren B. Percy

Licensed Embalmer No. 4094

2842 Meramec St.
P. O. Address St. Louis, 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.