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

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29824

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7162

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:
St. Louis City Hospital #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 6 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5842a Easton Ave. 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Daniel Holdenreiter

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced / M.

6. (b) Name of husband or wife Catherine Holdenreiter

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Oct. 28th., 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	10	5	hr. min.

9. Birthplace St. Louis 0 Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Painter

11. Industry or business

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

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

16. (a) Informant Mrs. Catherine Holdenreiter
(b) Address 5842a Easton Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-5-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) SEP 4 1941 (Date received local registrar) (b) J. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 2, year 1941 hour 9:25 minute P. M.

21. I hereby certify that I attended the deceased from September 2, 1941, to September 2, 1941; that I last saw him alive on September 2, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Bladder Urinary	
Due to	
Due to	
Other conditions (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 L. V. Mullegh (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 9/3/41

(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 W. H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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

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