

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 7420

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:
Josephine Heitkamp 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 _____ 0 (Specify whether
years, months or days)

3. (a) PRINT FULL NAME LOUISE HOLOUBEK
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph Holoubek
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased About 1889
(Month) (Day) (Year)

8. AGE: Years About 52 Months Unknown Days _____ If less than one day
hr. min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Michael Bernash

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

14. Maiden name Unknown

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

16. (a) Informant Joseph Holoubek

(b) Address 3149 Watson

17. (a) Burial (b) Date thereof Sept. 16-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS. Peter & Paul

18. (a) Signature of funeral director [Signature]

(b) Address 1926 Allen Ave.

19. SEP 14 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mad
(c) City or town St. Louis 3 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 3149 Watson
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13th
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 9/7/41
_____ 19____ to 9/13/41 1941

that I last saw her alive on 9-12-1941
and that death occurred on the date and hour stated above

Immediate cause of death acute, fatal Duration _____
acute myocardial infarction, 3 days
Due to post-operative for
spontaneous death
Due to _____

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

Major findings: Post-operative PHYSICIAN
Of operations of 3 feet of intestine
autopsy rupture
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 [Signature] (M.D. or other) _____
Address 4844 E. Colby Date signed 9/13/41

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

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.....

Benj. C. Dunne

Licensed Embalmer No. *2272*

P. O. Address *1926 Allen*

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.