No. 2
-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 7 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32487

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 2024

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. L. County Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 096
(c) City or town Mattese (If outside city or town limits, write "RURAL")
(d) Street No. Route 8 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3. (a) PRINT FULL NAME Emma A. Holtzman
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 married
6. (b) Name of husband or wife John Holtzman
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased June (Month) 19 (Day) 1870 (Year)

8. AGE: Years 71 Months 3 Days ~~21~~ 13 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation house wife
11. Industry or business at home
FATHER 12. Name William Ruff
13. Birthplace (City, town, or county) Unknown (State or foreign country)
MOTHER 14. Maiden name Mary Maier
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant John Holtzman
(b) Address Mattese, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-6-41 (Month) (Day) (Year)
(c) Place: burial or cremation Frieden
18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Ave.
19. (a) OCT 5 - 1941 (Date received local registrar) (b) R. G. McGaughey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2 year 1941 hour 8:30 minute P. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Accidentally fell in her own room.
Due to Fracture of the neck of the femur; multiple emboli; pul-
Due to monary infarct; chronic cardiac vascular renal disease.
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy Yes.

Duration

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) Accident
(b) Date of occurrence Sept. 13, 1941
(c) Where did injury occur? Lemay, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Own home (Specify type of place)
While at work? No (e) Means of injury Fall
23. Signature Louis H. Bopp (M. D. or other)
Address Kirkwood, Mo. 10/6/41 Date signed

(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 Oliver E. Fendler

Licensed Embalmer No. 4148

P. O. Address Conway

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.