

Registration District No. 791 | Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4921a, Penrose
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 7 0
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4921a Penrose
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rose. A. Holzhausen

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

4. Sex F / 5. Color or race W / 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edward Holzhausen 6. (c) Age of husband or wife if alive DEAD years
7. Birth date of deceased 11-9-1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Hayden England
13. Birthplace _____ England
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace _____ England
(City, town, or county) (State or foreign country)

16. (a) Informant William L. Holzhausen

(b) Address 5408 Walsh St.

17. (a) Burial (b) Date thereof: 2-21-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan

(b) Address 2849 No. Euclid

19. (a) Feb 10 1942 (b) J. S. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18
year 1942 hour 6: minute 30 PM

21. I hereby certify that I attended the deceased from Feb 19 1942
to Feb 18 1942
that I last saw her alive on Feb 18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Hyper-tension
240/100

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

Major findings: Of operations _____

Of autopsy _____

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) _____
(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) (b) Means of injury _____

23. Signature J. S. Bredeck (Physician or other) _____
Address 4439 San Francisco Date signed 2/19/42

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

W. M. P. Thompson
4439 San Francisco
Bl - 4112

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 Albert Mayfield
Licensed Embalmer No. 103077
P. O. Address Floris 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.