S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

Registration District No. 191

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8724

Primary Registration District No. 1003

Registrar's No. 2798

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: 2147 GRATIOT ST. 1
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 22 000 17

(c) City or town ST. LOUIS 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2147 GRATIOT ST.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME CHARLES H. HOLZHAUSEN.

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOHANNA E. HOLZHAUSEN

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

7. Birth date of deceased DECEMBER (Month) 21 (Day) 1869 (Year)

8. AGE: Years 72 Months 3 Days 6 If less than one day hr. min.

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

10. Usual occupation RETIRED

11. Industry or business GROCER.

FATHER
12. Name CHARLES HOLZHAUSEN.
13. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNK. RABSON
15. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Johanna Holzhausen

(b) Address 2147 Gratiot St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH 30 1942 (Month) (Day) (Year)

(c) Place: burial or cremation ST. PAUL CHURCHYARD

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 Lafayette av.

19. (a) MAR 29 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 27 year 1942 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan. ~~1937~~, 1939, to Mar. 27, 1942, that I last saw him alive on Mar. 27, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration 3 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 0

23. Signature J. T. Keyton, (M. D. or other)

Address 3430 S. Jefferson Date signed 3-28-42

(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~~ .....

Jos B Vollmer, Registered Apprentice No. .....,

working under my personal supervision.

Signed Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.