

1. PLACE OF DEATH:

(a) County Loafe Girardeau  
(b) City or town Loafe Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Daughter's Home Rural  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 4 months years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Loafe Girardeau  
(c) City or town Loafe Girardeau 16  
(If outside city or town limits, write "RURAL") 1  
(d) Street No. 631 Broadway 4  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 1  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Louisa Holtz

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married. Divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year) 1853

7. Birth date of deceased May 11 1853  
(Month) (Day) (Year)

8. AGE: Years 88 Months 11 Days 26 If less than one day hr. min.

9. Birthplace Baton Rouge La 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name John Heil 5

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

14. Maiden name Unknown

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

16. (a) Informant John Holtz

(b) Address Jackson MO R. F. A. #3

17. (a) Buried (b) Date thereof 5-3-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Walters Und Co  
(b) Address Loafe Girardeau Mo.

19. (a) 5-4-42 (b) F. H. Phelps  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 2  
year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 4-28 1942 to 5-2 1942  
that I last saw her alive on 5-1 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (666R)  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_  
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) (Specify means of injury)  
23. Signature [Signature] (M. D. or other) [Signature]  
Address Loafe Girardeau Date signed 5/2/42

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

MOTHER FATHER

STATE OF MISSOURI  
DEPARTMENT OF HEALTH

NOV 10 1942

RECEIVED

District Health Officer No. 4  
District File Number 642-754  
Date Filed 6-18-42

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 J. H. Ristee  
Licensed Embalmer No. 3980  
P. O. Address Cape Girardeau, 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.