

FILED AUG 3 1942

Registration District No. 784

Primary Registration District No. 109

State File No. \_\_\_\_\_

Registrar's No. 1619

96  
35  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town Maplewood,  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Maplewood Nursing Home, 4  
(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

3. (a) PRINT FULL NAME William F. Holtmann

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

4. Sex Male, U 5. Color or race White, 2

6. (b) Name of husband or wife Sady Holtmann 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 26th 1877  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>8</u>	<u>2</u>	hr. _____ min.

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

10. Usual occupation Architect

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

MOTHER FATHER { 12. Name Herman Holtmann,

13. Birthplace Germany, 4  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Freese

15. Birthplace Germany, 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Amanda Hansen

(b) Address 4908 Sutherland Av.

17. (a) Burial, (b) Date thereof July 31, 1942.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery.

18. (a) Signature of funeral director Ziegenhein Bros  
6409 Gravois Av.

(b) JUL 29 1942  
(Date received local registrar) (c) C. S. McDevon  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri, (b) County 000

(a) State \_\_\_\_\_

(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")

(d) Street No. 4109 Walsh St.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 28th  
year 1942 hour 5 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from May 1942, to July 23 1942, that I last saw him alive on July 23 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis

Due to Previously had 3 paralytic stroke

Due to \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature Thos. M. Kiel (M. D. or other) \_\_\_\_\_  
Address 7465 Hazel Date signed 7/29/42

**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

*W E Morris*

Licensed Embalmer No.

*3360*

P. O. Address

*2623 Cherokee*

**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.**