

FILED SEP 4 1942 818
Registration District No. _____

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St Louis. Mo

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

(c) Name of hospital or institution:
3445 Keokuk
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community Life
years, months or days

3. (a) PRINT FULL NAME Frances Holtz

3. (b) If veteran, name war No

3. (c) Social Security No. 496-12-8897

4. Sex Female / race White

5. Color or race White

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

6. (b) Name of husband or wife Harry A. 2

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

7. Birth date of deceased October 11, 1897
(Month) (Day) (Year)

8. AGE: Years 43 4/4 Months 10 Days 15
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name John Devine

13. Birthplace St Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hewitt

15. Birthplace St Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Devine

(b) Address 3445 Keokuk

17. (a) Burial (b) Date thereof 8 / 28 / 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place, burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Oscar J. Hoffmeister

(b) Address 4016 Chippewa

19. (a) AUG 27 1942 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 3445 Keokuk
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26 year 1942 hour I minute 30.A.M.

21. I hereby certify that I attended the deceased from Jan 1 - 1940 to Aug. 26, 1942
that I last saw h _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to Chronic Parenchymatous Nephritis

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

PHYSICIAN

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)

(e) Means of injury _____

23. Signature J. F. Bredbeck (M, D. or other) _____
Address 3115 So. Grand Date signed 8/27/42

Handwritten notes:
- pul - 1 mg
3 pairs used
Hypertension
1 meter pulsed
2 times

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 Ernest W. Spillers
Licensed Embalmer No. 4080
P. O. Address 3747 Duane

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.