

FILED OCT 28 1942

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2502

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

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:
4125 St. Louis Avenue /
(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)

8. (a) PRINT FULL NAME Wilhelmina Katherine Holke

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female / 5. Color or race Wh
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Herman F. Holke
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 14 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. Feldmann
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

{ 14. Maiden name Fredericka Broenstrup
15. Birthplace Germany 7
(City, town, or county) (State or foreign country)

16. (a) Informant Walter H. Holke

(b) Address 4125 St. Louis Avenue

17. (a) Burial (b) Date thereof 10/17/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zions Cemetery

18. (a) Signature of funeral director Kraeger-Voss-Fix

(b) Address 3402 No. Kingshighway

19. (a) OCT 16 1942 (b) J. F. Beedeck
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis 9 10
(If outside city or town limits, write "RURAL")
(d) Street No. 4125 St. Louis Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14th
year 1942 hour 2 minute 00 P.M.

21. I hereby certify that I attended the deceased from Oct. 1, 1942, to Oct. 14, 1942, that I last saw her alive on Oct. 14, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Emiplegia (Left) 3 week
Duration

Due to general arteriosclerosis year
Due to di. hepatic 1/2 year

Other conditions (Include pregnancy within 3 months of death) 12/1

Major findings: Of operations _____ Of autopsy 12/1
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 Arthur S. Sander (M. D. or other) MD
Address 2202 University Date signed 10/16/42

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

Esy W Wilkinan

Licensed Embalmer No. 3575

P. O. Address

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, above space should be left blank.