

FILED APR 28 1943 18

State File No.

1003

Registration District No.

Primary Registration District No.

Registrar's No.

3639

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1230 North 11th. Street /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17
(c) City or town St. Louis 79 5
(If outside city or town limits, write "RURAL")
(d) Street No. 1230 North 11th. Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Holtmann

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank Holtmann 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased October 19th. 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 27 If less than one day hr. _____ min. _____

9. Birthplace St. Minrod Indiana /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Anton Ruxer 13. Birthplace Germany 4
(State or foreign country)

14. Maiden name Mrs. Sophia Heim 15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant M. Holtmann
(b) Address 3410a North 14th. Street

17. (a) Burial (b) Date thereof April 20, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director General Funeral Home Inc.
(b) Address 2233 University Street

19. (a) APR 12 1943 (b) J. F. Bruck
(Date received local Registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 16th. day _____
year 1943 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from April 14 1943 to April 16 1943
that I last saw her alive on 4/16 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Myocarditis Edema in brain Myocarditis Chang 9 da.

Due to _____ 14.

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

Major findings: Of operations 93 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? _____

While at work? _____ (Specify type of place) (e) Means of injury U

23. Signature J. F. Bruck (M. D. or other) _____

Address 2505 W. 9th Date signed 4/16/43

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

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.....

Jan M. Szymon

Licensed Embalmer No.....

4343

P. O. Address.....

Clayton, Md.

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.