

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: Christian Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 4 weeks
(Specify whether years, months or days)

3. (a) PRINT FULL NAME LOUIS F. HELD

3. (b) If veteran, name war _____ 3. (c) Social Security No. 491-14-4049

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Anna Held (nee Hochmann) 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased Nov. 21 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace House Springs Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Furniture Packer

11. Industry or business Unemployed

12. Name Christian Held

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

14. Maiden name Unavailable

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

16. (a) Informant Dexter Held

(b) Address 5008 Durant Ave.

17. (a) Burial (b) Date thereof 2-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Fruch Center Mortuary

(b) Address 4024 Lindell Blvd.

19. (a) FEB 23 1944 (b) J. F. Busch
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
 (d) Street No. 5008 Durant
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21
 year 1944 hour 10 minutes 20 A.M.

21. I hereby certify that I attended the deceased from 2-18, 1944, to 2-21, 1944;

that I last saw him alive on 2-21, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular renal disease Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 Harcin (M. D. or other) _____

Address 5024 Durant Ave. _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

V E Morris

Licensed Embalmer No. 3360

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, fact should be so stated above.