

FILED JUN 30 1944

Registration District No. Primary Registration District No. Registrar's No. 5430

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:
Lutheran Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
 In this community 59 years 8 months 21 days
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1422 Farrar St.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME CHARLES L. HOLM
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife Divorced
 6. (c) Age of husband or wife if alive Nil years
 7. Birth date of deceased September 24 1884
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	8	21	hr. min.

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

10. Usual occupation Butcher

11. Industry or business Himself

12. Name Charles Holm

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

14. Maiden name Karoline Garker

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

16. (a) Informant Mrs. Karoline Holm
 (b) Address 1422 Farrar St.

17. (a) Burial (b) Date thereof 6/19/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Suedemeyer & Sons
 (b) Address 3934 N. 20th St

19. (a) JUN 16 1944 J. Z. Buech
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
 year 1944 hour 12 minute xx 29 P.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rectum
Colon with metastasis to liver, lungs
Op. Ed. Ethio Anesthesis white
 Due to secondary operation at Gallbladder
Keop. about 12.00 noon June 15
 Due to 1944 for removal of Carcinoma

Other conditions Wasp. I
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations Hb
 Of autopsy _____

Duration
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (c) 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 time of place)
 Means of injury _____
 23. Signature W. J. Buech (M. D. or other) 3
 Address _____ Date signed 6/16/44

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

MOTHER FATHER

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

Alfred J. Brodeur
2663

Licensed Embalmer No.

P. O. Address

5934 Alpin

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.