

FILED JUL 24 1944

Registration District No. 160

Primary Registration District No. 3029

Registrar's No. 125

1. PLACE OF DEATH:

(a) County JEFFERSON  
(b) City or town CRYSTAL CITY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) \_\_\_\_\_  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) \_\_\_\_\_  
In this community 40 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JEFFERSON  
(c) City or town FESTUS 50  
(If outside city or town limits, write "RURAL") 3  
(d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME REVEREND ADOLPH HOLTSCHEIDER

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 18, 1868  
(Month) (Day) (Year)

8. AGE: Years 76 Months - Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Priest

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. Reetzger  
(b) Address Festus, Mo.

17. (a) Burial (b) Date thereof July 7, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crystal City, Mo.

18. (a) Signature of funeral director John P. Palmer  
(b) Address Crystal City, Missouri

19. (a) July 6, 1944 (b) Miss Lily Williams  
(Date registered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3  
year 1944 hour 2:40 minute P. M.

21. I hereby certify that I attended the deceased from June 1st, 1944 to July 3, 1944  
that I last saw him alive on July 31, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 5 days  
Due to General arteriosclerosis unknown

Due to \_\_\_\_\_

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

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) (c) Means of injury \_\_\_\_\_

23. Signature J. Connerford (M. D. or other) MD  
Address Crystal City Mo Date signed 7/5/44

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

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

50

JUL 25 1944

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-21-44.....

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

*Henry R. Palitte*

Licensed Embalmer No. 3481.....

P. O. Address *Crystal City, Mo*.....

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.