

FILED OCT 24 1944
Registration District No. 517

Primary Registration District No. 6076

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

16
00

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Pine Crest Homes for Aged 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yrs, 5 mo
(Specify whether)

In this community Yes
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 9/5

(c) City or town Manchester
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Augusta Holtgrewe

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

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced X 9

6. (b) Name of husband or wife Gerhart Holtgrewe 6. (c) Age of husband or wife if alive years

7. Birth date of deceased November 21st 1851
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17 year 1944 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from July 1944 to October 17 1944 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>92</u>	<u>10</u>	<u>26</u> hr. min.

Immediate cause of death Chronic Myocarditis

Due to Arterio Sclerosis

Other conditions (include pregnancy within 3 months of death) 93d

9. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)*

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Walter Mertens

(b) Address 3511 California Ave.

17. (a) Eurial (b) Date thereof Oct. 20th, 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery.

18. (a) Signature of funeral director Ziegenhein Broch.

(b) Address 8409 Gravois Ave.

19. (a) OCT 20 1944 (b) E. D. McLaurin M.D.
(Date received local health official) (Registrar's signature)

Major findings: Of operations 93d

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 [Signature] (M. D. or other) 9/28/44

Address Manchester Mo Date signed 9/28/44

Duration

PHYSICIAN

Underline the name 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..... *Norman W. Jutz*
Licensed Embalmer No. *3882*
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.