S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 28 1945

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 7828

Registrar's No. 2596

1. PLACE OF DEATH:

(a) County: St Louis Mo

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

(c) Name of hospital or institution: Isolation Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Feb 18 1944 March 14 1945 (Specify whether years, months or days)

In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County:

(c) City or town: St Louis Mo (If outside city or town limits, write "RURAL")

(d) Street No.: 1011 Biddle st (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: John Holowzick

3. (b) If veteran, name war:

3. (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: ~~Single~~ Widowed

6. (b) Name of husband or wife: Maria

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Aug (Month) 28 (Day) 1889 (Year)

8. AGE: Years 55 Months ~~3~~ Days ~~18~~ If less than one day hr. min.

9. Birthplace: Russia (City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business:

MOTHER FATHER

12. Name: Protop Holowzick

13. Birthplace: Russia (City, town, or county) (State or foreign country)

14. Maiden name: Panphy

15. Birthplace: Russia (City, town, or county) (State or foreign country)

16. (a) Informant: Nellie Harris

(b) Address: 5600 Arsenal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-45 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary

18. (a) Signature of funeral director: Culley-Kelly

(b) Address: 4386 Lindell Blvd

19. (a) MAR 21 1945 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1945 hour 5 minute 20 p.m.

21. I hereby certify that I attended the deceased from Feb 18-44 March 14 19 to 1945 19; that I last saw him alive on March 14, 1945 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Cor pulmonale

Due to: Chronic fibrotic pulmonary tuberculosis

Due to:

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

Major findings: Of operations:

Of autopsy: as above

Duration

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: [illegible] (M. D. or other)

Address: 5600 Arsenal Date signed 3-17-45

(Licensed Embalmer's Statement on Reverse Side)

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 James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.