

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

**FILED** JAN 21 1946  
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **3521 1/2 CHEROKEE**

(b) City or town **ST. LOUIS, MO.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**3521 1/2 Cherokee St**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: **080**

(a) State **MISSOURI** (b) County **CITY-ST. LOUIS**

(c) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL")

(d) Street No. **3521 1/2 CHEROKEE**  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME **ELIZABETH HOLZINGER**

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex **FEMALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **WIDOW**

6. (b) Name of husband or wife **JOHN** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **Dec. 8 1857**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**88 1 1** hr. min.

9. Birthplace **AUSTRIA**  
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WIFE**

11. Industry or business **AT HOME**

MOTHER FATHER { 12. Name **GASPAR KREBS**

13. Birthplace **AUSTRIA**  
(City, town, or county) (State or foreign country)

14. Maiden name **ANNA KRAMER**

15. Birthplace **AUSTRIA**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. BARBARA HOLZINGER**

(b) Address **3521 1/2 CHEROKEE**

17. (a) **BURIAL** (b) Date thereof **JAN 11, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **OLD S.S. PETER & PAUL CEM.**

18. (a) Signature of funeral director **St. Judech & Son**

(b) Address **2906 GRAVOIS**

19. (a) **JAN 10 1946** (b) **J. J. Pudech**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JAN** day **9**  
year **1946** hour **11:07** minute **72** M.

21. I hereby certify that I attended the deceased from **Jan 2 1946** to **1/8/46** 1946  
that I last saw **Jan 1/8/46** alive on **1/8/46** and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic myocarditis**

Due to.....

Due to..... **Senility**

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?  
(Specify type of place)

While at work.....  
(Specify type of place) (Means of injury)

23. Signature **Joseph P. Pudech** M.D. or other  
Address **4068-50 Grand** Date signed **1/9/46**

Duration

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.....

*David Van Fossen*

Licensed Embalmer No. 4245

P. O. Address 2906 Prairie

**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.**