S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7110

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2308

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Mt. St. Rose Sanatorium
(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 .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Washington 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Stella M. Holtmeier

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

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 (Month) 13 (Day) 1913 (Year)

8. AGE: Years 32 Months 7 Days 20 If less than one day ..... hr. ..... min.

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

10. Usual occupation None

11. Industry or business .....

MOTHER FATHER

12. Name Joseph Holtmeier

13. Birthplace Washington (City, town, or county) Missouri (State or foreign country)

14. Maiden name Mary Piontek

15. Birthplace Washington (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Arthur Holtmeier

(b) Address Washington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-46 (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 2-6-46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3rd year 1946 hour 2 minute 40 P.M.

21. I hereby certify that I attended the deceased from 17 Jan. 1943 to 3 Feb. 1946 that I last saw h. alive on 3 Feb. 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Asphyxia	
Due to Tuberculous laryngo-tracheo-bronchitis	
Due to Far adv. bilateral pulmonary tuberculosis	3½ yr.
Other conditions (Include pregnancy within 3 months of death) None	
Major findings: Of operations	
Of autopsy None	

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? .....

While at work? ..... (Specify type of place) (e) Means of injury 0

23. Signature Paul L. Barton (M. D. or other)

Address Mt. St. Rose Sanatorium Date signed 4 Feb. 46

(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 Elmo R Cadwell

Licensed Embalmer No. 4077

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.