

FILED MAR 27 1946 STANDARD CERTIFICATE OF DEATH
 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2522

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

1. PLACE OF DEATH:
 (a) County St. Louis, Missouri
 (b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Firmin Desloge Hospital
(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

3. (a) PRINT FULL NAME Holdegraver, Clara
 3. (b) If veteran, name war None 3. (c) Social Security No. 490-12-6029

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Benjamin Holdegraver 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased September 11, 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 -6 3 _____ hr. _____ min.

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

10. Usual occupation Laundress

11. Industry or business
 { 12. Name Fred Lutz
 { 13. Birthplace St. Louis, Missouri
 { 14. Maiden name Mary Miller (State or foreign country)
 { 15. Birthplace Germany (State or foreign country)

16. (a) Informant Mr. Frank Ludwig
 (b) Address 6322 S. Grand Blvd.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-46
(Month) (Day) (Year)
 (c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Southern Funeral Home
 (b) Address 6322 S. Grand Blvd.

19. (a) MAR 15 1946 (Date received by Registrar) J. B. Deek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Bas
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL") 317
 (d) Street No. 6434 Southwest
(If rural, give location) 9
 (e) Citizen of foreign country? _____ (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 3 day 14
 year 46 hour 12 minute 40 P.M.
 21. I hereby certify that I attended the deceased from February
19 46 to 3/11/ 19 46
 that I last saw h. er alive on 3/14 19 46
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
cardiac failure +
myocarditis
 Due to carcinomatous metastases unknown
 Due to loco-abdominal carcinoma - probably primary in gall bladder unknown
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: Of operations none done H
 Of autopsy none done H
 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)
 (a) Means of injury _____
 23. Signature Richard D. H. Blakely (M. D. or other) M. D.
Firmin Desloge Date signed 3/14/46

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.....

J. Wm. Binkley

..... Licensed Embalmer No.....

3653

P. O. Address.....

St Louis 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.