

**FILED** JUL 22 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. 25355

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6007

**1. PLACE OF DEATH:**

(a) County.....  
(b) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**2914a Arkansas Avenue /**  
(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 **Henry Holzappel**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male /** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **widowed 2**

6. (b) Name of husband or wife **MARY DESTREICHER HOLZAPFEL** 6. (c) Age of husband or wife if alive **DECEASED**

7. Birth date of deceased.....  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**87 7 7** hr. min.

9. Birthplace **Mascoutah Illinois /**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Elevator Operator**

11. Industry or business **Missouri Pacific Hospital**

MOTHER FATHER { 12. Name **August Holzappel**

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

14. Maiden name **Catherine Funck**

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

16. (a) Informant **Olivia Zimmermann**

(b) Address **2914a Arkansas Avenue**

17. (a) **BURIAL** (b) Date thereof **JULY 9 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Childers Cem. - MASCOUTAH, ILL.**

18. (a) Signature of funeral director **Wm. J. Robert L. & J. Co.**

(b) Address **1905 So. Grand Blvd.**

19. (a) **JUL 8 1946** (b) **J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County.....  
(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2914A Arkansas Avenue**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **July** day **6**  
year **1946** hour **8** minute **25** A. M.

21. I hereby certify that I attended the deceased from **June 1st**  
**1946** to **July 6** **1946**  
that I last saw him alive on **July 5** **1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart failure** Duration **1/2 hour**  
Due to **Coronary Thrombosis** month

Due to.....  
Other conditions **None** (Include pregnancy within 3 months of death) **PH**

Major findings: Of operations.....  
Of autopsy.....  
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.....

23. Signature **S. Dworkin** (M. D. or other) **MD**  
Address **1657 So Grand Blvd** Date signed **7/6/46**

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

**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.....

*Rex Campbell*

Licensed Embalmer No.....

*3881*

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.**