

No. 2  
-2.43  
-17.39  
X35897

**FILED** AUG 27 1946  
Registration District No. 310

Primary Registration District No. 3058

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

1. PLACE OF DEATH:  
(a) County St. Charles  
(b) City or town St. Charles  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Joseph's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 weeks  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Charles  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.R. #2, St. Charles  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edward Holtgraewe  
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 Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 27, 1890  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>11</u>	<u>12</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER }  
12. Name Louis Holtgraewe  
13. Birthplace St. Charles County, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Sophia Niemeyer  
15. Birthplace St. Charles County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Holtgraewe  
(b) Address St. Charles, Mo.

17. (a) Burial (b) Date thereof Aug. 12, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Walter Bau  
(b) Address 326 N. 6th Str. St. Charles, Mo.

19. (a) Aug 20 46 (b) Frank Hamilton  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9  
year 1946 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 7/28 1946 to 8/9 1946  
that I last saw him alive on 8/9 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Bronchopneumonia</u>	<u>4 days</u>
Due to <u>arteriosclerosis of lung</u>	<u>1 week</u>
Due to <u>Post operative</u>	<u>10 days</u>

Other conditions Cholelithiasis 2 yrs.  
(Include pregnancy within 3 months of death)

Major findings: Cholelithiasis  
cholelithiasis, cholecystitis  
Of autopsy - icterus  
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 fall  
23. Signature W. R. Heubner (M. D. or other) MD  
Address St. Charles Date signed 8/12/46

RECEIVED  
District Health Officer No. 9,  
District File Number 8-46-193  
Date Filed 8-23-46

APR 28 1947

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 *Luther C. Bane*  
Licensed Embalmer No. 3151  
P. O. Address *St Charles 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.