

Registration District No. 305Primary Registration District No. 60474452

Registrar's No.

1. PLACE OF DEATH:

(a) County St Charles
(b) City or town New Belle Wentzville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whetherIn this community Life
years, months or days)3. (a) PRINT FULL NAME Oscar C. Holt3. (b) If veteran,
name war3. (c) Social Security
No. 497-05-12284. Sex M race W5. Color or
6. (a) Single, widowed, married,
divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased Jan 9th 1881
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
65 8 25 hr. min.9. Birthplace St Charles Co.
(City, town, or county) (State or foreign country)10. Usual occupation Labor

11. Industry or business

12. Name Edward Holt
13. Birthplace St Charles Co Mo. U
(City, town, or county) (State or foreign country)14. Maiden name Anna Diedrick15. Birthplace Warren Co., Mo. U
(City, town, or county) (State or foreign country)16. (a) Informant Emial Holt(b) Address Wentzville, Mo17. (a) Burial (b) Date thereof Oct, 6, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Wentzville, Mo18. (a) Signature of funeral director Mrs. M. M. Lewis(b) Address Wentzville, Mo19. (a) 10/7/46 (b) Mrs. M. M. Lewis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles 92
(c) City or town Wentzville 10
(If outside city or town limits, write "RURAL")(d) Street No. _____
(If rural, give location)(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4th
year 1946 hour 12 minute 10 A.M.21. I hereby certify that I attended the deceased from
May 18, 1946, to October 3, 1946
that I last saw him alive on October 3 - 11:45 pm, 1946,
and that death occurred on the date and hour stated above.Immediate cause of death ADENOCARCINOMA
of Kidneys

Duration

5 mo.

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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) _____
(c) Means of injury _____23. Signature W. E. Borgesen (M. D. or other) D.O.
Address Wentzville, Mo Date signed 10-5-46

JAN 6 1948

Date Filed 10-14-46
District File Number

District Health Officer No. 9

RECEIVED

JUN 10 1947
JUN 10 1947

JUN 11 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 Marion Mueschong

Licensed Embalmer No. 2461

P. O. Address Wentzville

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.

Registration District No. 305

Primary Registration District No. 4452

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St Charles

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

(c) Name of hospital or institution: _____
(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)

3. (a) PRINT FULL NAME Oscar C. Holt

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased Jan 9
(Month) (Day) (Year)

8. AGE: 65 Years Months Days If less than one day hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Nov 5 1946 (b) Mrs. Jess Lewis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____
Year 1946 Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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) (c) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

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

34558