

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Kirkwood
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
111 N. Taylor Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community Several Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Kirkwood
 (If outside city or town limits, write "RURAL")
 (d) Street No. 111 N. Taylor Ave.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Henrietta Holdsworth
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced W 2
 6. (b) Name of husband or wife Wm. H. Holdsworth
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 11 1863
 (Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 24
 If less than one day _____ hr. _____ min.

9. Birthplace Mamaroneck N.Y.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Retired

MOTHER FATHER
 11. Industry or business _____
 12. Name Milton Van Duzer
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Francis Hocking
 15. Birthplace England
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Royal McLean
 (b) Address 520 W. Jewell, Kirkwood
 17. (a) Burial (b) Date thereof 12/7/46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Hill Semetary

18. (a) Signature of funeral director Louis H. Bopp, Inc.
 (b) Address 131W. Argonne Dr. Kirkwood
 19. (a) 12-9-46 (b) Ruth J. Hollenbeck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 12 day 5
 year 1946 hour 6 minute A M.
 21. I hereby certify that I attended the deceased from
 _____, 1946 to 12-5, 1946
 that I last saw her alive on 12-4, 1946
 and that death occurred on the date and hour stated above.
 Immediate cause of death Carcinoma Uterus
 Due to 48 hr
 Due to _____
 Other conditions Arteriosclerosis
 (Include pregnancy within 3 months of death) Senility
 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:
 (c) 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?
 _____ (Specify type of place)
 While at work? _____ (Specify means of injury)
 23. Signature Royal C. Jackson (M. D. or other)
 Address Kirkwood Mo. Date signed 12-5-46

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 Felix Durand
Licensed Embalmer No. 3034
P. O. Address Kirkwood (22) 9

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.