

FILED APR 14 1947

Registration District No. **318** Primary Registration District No. **1002** Registrar's No. **3513**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oao

(c) City or town St. Louis 1817
(If outside city or town limits, write "RURAL")

(d) Street No. 3508 Papin 9
Memorial (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME WALTER HOLTHAUS

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

4. Sex Male 5. Color or 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 June 20 1868
(Month) (Day) (Year)

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

78 9 II _____ hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER

12. Name Fredericks Holthaus

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

14. Maiden name Fredericka Rohrmann

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

16. (a) Informant Elma Goodenough

(b) Address 4017 Cleveland

17. (a) Cremation (b) Date thereof 3/3/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) APR 2 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st
year 1947 hour 1:55 minute A M.

21. I hereby certify that I attended the deceased from Dec. 14th 1946
_____, 19____, to April 1st 1946
that I last saw him alive on April 1st 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio sclerotic cardio-vascular disease

Due to _____

Due to _____

Other conditions Psychosis cerebral
(Include pregnancy within _____ months of death)

Major findings: Arterio sclerotic + Parkinson

Of operations Synostome

Of autopsy abscess left calf. Cause not known

Duration _____

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)

23. Signature 1515 Lafayette 4/2/47
(Date received local registrar) (Registrar's signature)

Address _____ Date signed _____

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.....

Licensed Embalmer No. *1284*

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.