No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 18945

Registration District No. 318 Primary Registration District No. Registrar's No. 5217

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hosp. U (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) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5504 a Lissette Av. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) PRINT FULL NAME Regina Hollerman.
3. (b) If veteran, name war no.
3. (c) Social Security No. no.
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife George Hollerman.
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Jan. 6 1881. (Month) (Day) (Year)
8. AGE: Years 66 Months 4 Days 19 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Mo. U (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Bernhard Eckerle
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Theresa Unkn.
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant George Hollerman
(b) Address 5504 a Lissette
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Bur. Pk.
18. (a) Signature of funeral director Witt Bro. Lr. Co.
(b) Address 2929 S. Jefferson Av.
19. (a) MAY 26 1947 (Date received local registrar) (b) J. F. Meier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1947 hour 2 minute 15 A.M.
21. I hereby certify that I attended the deceased from 11/5/46 to 5/25/47, that I last saw her alive on 5/24/47, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Left Breast — Duration 18 Mons.
Due to
Due to
Other conditions None (Include pregnancy within 3 months of death)
Major findings: Of operations Carcinoma of Left Breast
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Wm Demko (M. D. or other)
Address 3450 Gravois Date signed 5/26/47

(Licensed Embalmer's Statement on Reverse Side) William Demko

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. Harold C. Witt

Licensed Embalmer No. 4353

P. O. Address 2929 S. Jefferson Av

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.