

FILED JUL 14 1948

Registration District No. **1**Primary Registration District No. **3069**

Registrar's No.

1. PLACE OF DEATH:

(a) County Saint Louis
 (b) City or town Richmond Heights
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
7595 Lindbergh Drive
 (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 St. Louis **1639**
 (c) City or town Richmond Heights
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7595 Lindbergh Drive
 (If rural, give location)
 (e) Citizen of foreign country? None (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Edna Frances Holstein

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Walter Holstein 6. (c) Age of husband or wife if alive 7 years
 7. Birth date of deceased Sept 10 - 1889
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 9 22 ..hr.min.

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

10. Usual occupation Dealer in Antiques

11. Industry or business (Owner)

12. Name Henry Drews
 13. Birthplace St. Louis, Mo (City, town, or county) (State or foreign country)
 14. Maiden name Matilda
 15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Alma E. Murphey
 (b) Address 7595 Lindbergh Drive
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5, 1948 (Month) (Day) (Year)
 (c) Place: burial or cremation Hiram Cemetery.

18. (a) Signature of funeral director C. R. Lupton & Sons
 (b) Address 7233 Delmar Blvd

19. (a) 7-548 (Data received local registrar) (b) Benjamin H. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd
 year 1948 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from Sept
4 years 19... to ... 19...
 that I last saw h... alive on 7-2-48, 19...
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Duration

Due to 830

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) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)
 23. Signature George W. D. Beckley M.D. (M. D. or other)
 Address 1637 N. Grand Date signed 7/2/48

PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. George Stecker 10.30 - 12 Noon
Missouri Theatre Bldg
Je. 5354

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 Clarence H. Murr

Licensed Embalmer No. 4011

P. O. Address St. Louis,

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

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