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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27824  
Registrar's No. 7263

FILED AUG 28 1948  
Registration District No. 1003

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4944 Lindell Blvd.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community Life time  
years, months or days)

3. (a) PRINT FULL NAME Ernest A. Holm  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Male 5. Color or race 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 November 27, 1865  
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 21  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired Sec'y Rebstock Co

11. Industry or business Whiskey Distributors

MOTHER FATHER { 12. Name Louis Holm  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Antonie Holdorf  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. O. E. Teichmann

(b) Address 4944 Lindell Blvd.

17. (a) cremation (b) Date thereof 8/19/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Wagoner Mortuary

(b) Address 4161 Lindell Blvd.

19. (a) AUG 19 1948 (b) J. F. Budick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4944 Lindell Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18  
year 1948 hour 11 minute 20 a. M.

21. I hereby certify that I attended the deceased from Aug  
4, 1948, to Aug 18, 1948.  
that I last saw him alive on Aug 18, 1948.  
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to 126

Other conditions cholelithiasis  
(Include pregnancy within 5 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) (e) Means of injury \_\_\_\_\_

23. Signature J. F. Bergman (M. D. or other) MD

Address 2720 Washington Date signed 8/19/48

W. R. R. R. R.  
3720 Washington

SEP 2 1948

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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 Robert T. Sampson  
Licensed Embalmer No. 4290  
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.