

National Office of Vital Statistics

State File No. ....

FILED AUG 28 1948

1003

Registrar's No. 7298

Registration District No. ....

Primary Registration District No. ....

## 1. PLACE OF DEATH:

(a) County.....  
 (b) City or town..... **St. Louis, Mo**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **City Infirmary** 0  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... **2 years 10 months**  
 In this community..... **22 years**  
 years, months or days

3. (a) PRINT **HOLTZSCHERER, META.**  
FULL NAME

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..... **Widow** 9  
 6. (b) Name of husband or wife.....  
 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased..... **Oct. 15, 1859**  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**88 10 4** hr. min.

9. Birthplace..... **Germany** 4  
 (City, town, or county) (State or foreign country)

10. Usual occupation..... **Housewife**

11. Industry or business..... **At Home**

12. Name..... **Ben Terbeck** 4

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

14. Maiden name..... **Unknown**

15. Birthplace..... **Germany** 4  
 (City, town, or county) (State or foreign country)

16. (a) Informant..... **6908 Bradley St., J. Elliott**

(b) Address..... **St. Louis, Mo.**

17. (a) **Madison, Ill.** (b) Date thereof **8/20/48**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Madison, Ill.**

18. (a) Signature of funeral director..... **Francis J. Laley**

(b) Address..... **Madison, Ill.**

19. (a) **AUG 20 1948** (b) **J. Terbeck**  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**  
 (c) City or town..... **St. Louis,** 17  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **2800 Lynch St.,** 9  
 (If rural, give location)  
 (e) Citizen of foreign country? **No.** 0  
 (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **August** day..... **19th;**  
 year..... **1948** hour..... **9:40** minute..... **P. M.** M.

21. I hereby certify that I attended the deceased from **October 3rd;**  
 19 **45** to **August 19th** 19 **48.**  
 that I last saw **her** alive on **August 19,** 19 **48.**  
 and that death occurred on the date and hour stated above. **Duration**

Immediate cause of death..... **ACUTE CORONARY OCCLUSION 6 HOURS.**

Due to **GENERALIZED ARTERIO SCLEROSIS WITH CORONARY INVOLVEMENT SEVERAL YEARS.**

Other conditions..... **94**  
 (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause of 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?..... (a) Means of injury.....

23. Signature..... **Palma Pusque Bowler** (M. D. or other)  
 Address..... **City of St. Louis** Date signed..... **8/19**

WRITE PLAINLY—USING 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. 2792

P. O. Address Madison, Ill

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.