No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

38245

State File No.

FILED DEC 8 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10167

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:
Enroute to City Hospital 2
(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 Mo. (b) County

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

(d) Street No. 6716 Smiley Ave.
(If rural, give location)

(e) Citizen of foreign country? 3 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME CHARLES F. HOLLE

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Late Christina

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 8 (Day) 1865 (Year)

8. AGE: Years 83 Months 8 Days 14 If less than one day hr. min.

9. Birthplace Okawville (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name William Holle
13. Birthplace Okawville (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Unknown Fissler
15. Birthplace Okawville (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Louise Thum
(b) Address 6716 Smiley Ave,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) NOV 23 1948 (Date received local registrar) (b) J B Fassler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22 year 1948 hour ~~Midnight~~ minute 9 a M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to 94

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Patrick E Naylor Dep Cor (M. D. or other)

Address 1300 Clark Date signed 11-23-48.

(Licensed Embalmer's Statement on Reverse Side)

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 Edwin D McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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.