

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

National Office of Vital Statistics

FILED DEC 31 1948

Registration District No. **2**

Primary Registration District No. **6276**

Registrar's No. **2801**

1. PLACE OF DEATH:

(a) County **ST. LOUIS**
(b) City or town **Overland**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3402 E. Ridge Lane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **096**
(c) City or town **Overland** **13**
(If outside city or town limits, write "RURAL")
(d) Street No. **3402 E. Ridge Lane** **1**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME

Helen B. Holdinghaus

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Everett Holdinghaus** 6. (c) Age of husband or wife if alive **52** years
7. Birth date of deceased **August 8 1900**
(Month) (Day) (Year)

8. AGE: Years **48⁸** Months **3²** Days **24** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER { 12. Name **William H Beste**
13. Birthplace **St. Louis Mo** (City, town, or county) (State or foreign country)
14. Maiden name **Tillie Schulze**
15. Birthplace **St. Louis Mo** (City, town, or county) (State or foreign country)

16. (a) Informant **Everett Holdinghaus**
(b) Address **3402 E. Ridge Lane**

17. (a) **Burial** (b) Date thereof **Dec 4 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Paul Churchyard**

18. (a) Signature of funeral director **Calvin F Flutz**
(b) Address **4328 Nat Bridge Blvd**

19. (a) **12-3-48** (b) **Helen B Holdinghaus**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **2** year **1948** hour **5** minute **30 A** M.

21. I hereby certify that I attended the deceased from **3/8/47** to **12/2 1948**
that I last saw him alive on **12/30/48** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**
Due to **My pericardial adhesions**
arteriosclerotic heart disease

Due to **5 yrs**
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **93d**
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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work..... (e) Means of injury **0**
23. Signature **Paul B. Vetter** (M. D. or other) **MD**
Address **10300 St. Charles Rd** Date signed **12/3/48**

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

6
13

10300 Hitchcock R. Road
Friday 2-4 p.m.

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 John A. Menser
Licensed Embalmer No. 4186
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.