

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 11 1949

State File No. _____

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		Registrar's No. 995		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis, Missouri		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		17		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4255 Shreve Avenue				d. STREET ADDRESS (If rural, give location) 4255 Shreve Avenue				
3. NAME OF DECEASED a. (First) Albert (Type or Print)			b. (Middle) William		c. (Last) Holweck		4. DATE OF DEATH (Month) (Day) (Year) Jan. 31st, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 6th, 1896		9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner		10b. KIND OF BUSINESS OR INDUSTRY Del. Store		11. BIRTHPLACE (State or foreign country) Peoria, Illinois		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Frank Holweck		13b. MOTHER'S MAIDEN NAME Minnie Moak		14. NAME OF HUSBAND OR WIFE Bertha Holweck nee Rucker				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Bertha Holweck ADDRESS 4255 Shreve				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				DUPLICATE				_____
ANTECEDENT CAUSES				DUE TO (b) Coronary Occlusion				_____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) Coronary Sclerosis				_____
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.				_____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 4201 9/4		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. HOW DID INJURY OCCUR? _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:35 P. m. , from the causes and on the date stated above.								
23a. SIGNATURE Patrick E. Taylor (Degree or title) Cornet				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 2-1-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Rail		24b. DATE 2-3-49		24c. NAME OF CEMETERY OR CREMATORY Peoria		24d. LOCATION (City, town, or county) (State) Peoria, Illinois		
DATE REC'D BY LOCAL REG. FEB 1 1949		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz ADDRESS 4828 Natural Bridge Blvd				

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ralph C. Linders

Licensed Embalmer No. 4278

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.