

FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35235**
Registrar's No. **8600**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5053 Dewey				d. STREET ADDRESS (If rural, give location) 15 5053 Dewey				7	
3. NAME OF DECEASED (Type or Print) a. (First) Carl J. Holte			b. (Middle) _____		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) October 4, 1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 3, 1875		9. AGE (In years last birthday) 74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Germany			12. CITIZEN OF WHAT COUNTRY? U		
13a. FATHER'S NAME John Holte			13b. MOTHER'S MAIDEN NAME Unk			14. NAME OF HUSBAND OR WIFE Emma Holte			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Emma Holte			ADDRESS 5053 Dewey	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrosis of Livers ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis						INTERVAL BETWEEN ONSET AND DEATH 2 years 1 year	
19a. DATE OF OPERATION 8/23/49		19b. MAJOR FINDINGS OF OPERATION Cerebrosis of Livers						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) St. Louis, Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 3810							
22. I hereby certify that I attended the deceased from Feb. 23, 1947 , to Oct. 4, 1949 , that I last saw the deceased alive on Oct 4, 1949 , and that death occurred at 250p.m. , from the causes and on the date stated above.									
23a. SIGNATURE J. B. Pasater (Degree or title) _____				23b. ADDRESS 606 Morris			23c. DATE SIGNED 10/5/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-7-49		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.			
DATE REC'D BY LOCAL REG. OCT 6 1949		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home			ADDRESS 6322 S. Grand Bly.		

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

0098

New York

In Newburg
Grand & Inhabitants
7 to 4 - 306 Inhabitants

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.

Signed

David Lee Fossan

Signed:.....

Student Embalmer

Licensed Embalmer No. *4242*

P. O. Address *6322 So Grand*

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.