

FILED MAR 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8220

BIRTH NO. REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Washington</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL: MERMAC Twp. 1</b>	
c. LENGTH OF STAY (in this place) <b>2 days</b>		d. STREET ADDRESS (If rural, give location) <b>R.F.D. #1 Pacific, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Elizabeth Holderreith</b>			4. DATE OF DEATH <b>MARCH 12, 1950</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 22, 1866</b>	9. AGE (In years last birthday) <b>83</b>	10. IF UNDER 1 YEAR Months <b>10</b> Days <b>20</b> Hours <b>-</b> Min. <b>-</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri D</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>William Horstmann</b>		13b. MOTHER'S MAIDEN NAME <b>MARY KREINKAMP</b>		14. NAME OF HUSBAND OR WIFE <b>Louis Holderreith</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>W. J. Lutz</b> ADDRESS <b>Webster Groves Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho pneumonia</b>		CHRONIC MYOCARDIOSIS?			<b>2 days</b>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			<b>2</b>
DUE TO (b) <b>CHRONIC MYOCARDIOSIS?</b>		DUE TO (c) <b>2</b>			<b>2</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>GENERALIZED ARTERIO-</b>			<b>2</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>2 sclerosis</b>			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. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **3/7/50**, 1950, to **MARCH 12, 1950**, that I last saw the deceased alive on **MARCH 12, 1950**, and that death occurred at **2:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. J. Lutz</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Pacific Mo</b>		23c. DATE SIGNED <b>3/15/50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>March 15, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Horstmann Private Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>R.F.D. #1 Pacific, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Mar 14, 1950</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Jno. L. Hughes</b> ADDRESS <b>Pacific Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

District File Number \_\_\_\_\_  
District Health Officer No. 9  
RECEIVED  
MAR 18 1950

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

*Geo L. Thebes*

Licensed Embalmer No. *3008*

P. O. Address *Pacific, 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.