

FILED MAY 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18276  
State File No. 4115

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 <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>	
c. LENGTH OF STAY (in this place)		d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4514 Adelaide Avenue</b>	
e. STREET ADDRESS <b>9 - 4514 Adelaide Avenue</b>		f. (If rural, give location) <b>0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mathilda</b> b. (Middle) <b>M.</b> c. (Last) <b>Holtkamp</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 6th, 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>an. 28th, 1878</b>
9. AGE (In years last birthday) <b>72</b>		10. IF UNDER 1 YEAR (Months) <b>3</b>	11. IF UNDER 1 HR. (Days) <b>8</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Saint Louis, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Michael Gradl</b>	
13b. MOTHER'S MAIDEN NAME <b>Kinsler</b>		14. NAME OF HUSBAND OR WIFE <b>Late Christ Holtkamp</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Christ Holtkamp, 4514 Adelaide Avenue</b>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of stomach &amp; hemorrhage</b> INTERVAL BETWEEN ONSET AND DEATH <b>Several months</b> 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. <b>Rheumatic heart disease</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) <b>101K</b>	
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 <b>Aug. 1945</b> , to <b>May 5, 1950</b> , that I last saw the deceased alive on <b>May 5, 1950</b> , and that death occurred at <b>12:01 Am.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>John J. Fite, M.D.</b>		23b. ADDRESS <b>4703 Central Ave. St. Louis</b>	23c. DATE SIGNED <b>5-6-50</b>
24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/9/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Saint Louis, Missouri</b>
DATE REC'D BY LOCAL REG. <b>MAY 8 1950</b>	REGISTRAR'S SIGNATURE <b>J. B. Pasater</b>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Calvin F. Feutz, 4828 Natural Bridge Blvd</b>	

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

Dr. John J. Gorte  
Marion & Carter Ave  
2 to 4 Pm

**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. *7275*

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.