

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 42391BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10248

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>16 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2069</u>		d. STREET ADDRESS (If rural, give location) <u>5023 Northland Pl.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5023 Northland Pl.</u>				d. STREET ADDRESS (If rural, give location) <u>5023 Northland Pl.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>H.</u> c. (Last) <u>Holtgrewe</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 29 1950</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct. 17 1873</u>	
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u>		IF UNDER 60 MIN. Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>President Mo. Furniture Co.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Furniture Co.</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>George Holtgrewe</u>			13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Tiemeyer</u>			14. NAME OF HUSBAND OR WIFE <u>Lucille Holtgrewe</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lucille Holtgrewe; 5023 Northland Pl</u>			
18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Larynx</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastases to lungs</u>				<u>3 months</u>	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>no</u>		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)			
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? <u>161X</u>			
22. I hereby certify that I attended the deceased from <u>9/29</u> , 19 <u>31</u> , to <u>11/29</u> , 19 <u>50</u> that I last saw the deceased alive on <u>11-29 1950</u> and that death occurred at <u>2:30p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. B. Lancaster</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>6223 Wechsner</u>		23c. DATE SIGNED <u>Dec 15</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/2/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Concordia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>DEC 1 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Lancaster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Drehmann-Harral; 1905 Union Blvd.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Frank Finnegan;
Humboldt Bld.;

(F. F.)
/

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Warren A. Carver

Signed.....
Student Embalmer

Licensed Embalmer No. 3534

P. O. Address.....

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.