

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6479

FILED MAR 5 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1543

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis 2209	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 3225 N. Florissant 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		e. STREET ADDRESS 20	

3. NAME OF DECEASED (Type or Print) Susan	a. (First)	b. (Middle) E.	c. (Last) Holdner	4. DATE OF DEATH (Month) (Day) (Year) Feb. 15, 1952
---	------------	----------------	-------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Widow	8. DATE OF BIRTH July 17, 1862	9. AGE (In years last birthday) 89	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Mins.
---------------	------------------------	--	--------------------------------	------------------------------------	-----------------------	---------------------	----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Belleville, Ill. /	12. CITIZEN OF WHAT COUNTRY? U.S.
---	-----------------------------------	--	-----------------------------------

13a. FATHER'S NAME Jacob Gundlach	13b. MOTHER'S MAIDEN NAME Christina Acker	14. NAME OF HUSBAND OR WIFE Linus
-----------------------------------	---	-----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME E.W. Holdner, Belleville, Ill.	ADDRESS
---	------------------------------	--	---------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Ln of left femur. Arteriosclerosis; when she slipped and fell to the floor at Little Sisters of the Poor on July 6 1952 exact</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>time unknown</i>		
	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 <i>ovd. Accident</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>St. Louis Mo</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>July 6 52</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>E 9037-45</i>
--	--	---

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19 *52*, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at *320 P. m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Patrick E. Taylor, Chiropractor</i>	23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>2. 18. 52</i>
---	--------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>2-16-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Green Mount</i>	24d. LOCATION (City, town, or county) (State) <i>Belleville, Ill.</i>
--	--------------------------	---	---

DATE REC'D BY LOCAL REG. <i>FEB 18 1952</i>	REGISTRAR'S SIGNATURE <i>Carl Smith MO</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Albert H. Hoppe</i>	ADDRESS <i>4700 Washington Blvd.</i>
---	--	---	--------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed H. W. Wilkins

Licensed Embalmer No. 3575

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.