

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11234**
835
Registrar's No. **8395**

FILED APR 8 1952

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 6076	835		Registrar's No. 8395	
1. PLACE OF DEATH a. COUNTY St Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn		c. LENGTH OF STAY (in this place) 3 months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn		4151	
d. FULL NAME OF HOSPITAL OR INSTITUTION Shamrock Nursing Home				d. STREET ADDRESS (If rural, give location) 3907 Manola			
3. NAME OF DECEASED (Type or Print) a. (First) Catherine b. (Middle) Holdenreiter c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) MARCH 27 1952				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH Feb 1 1872	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Clayton Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Murray		13b. MOTHER'S MAIDEN NAME Mary McCabe		14. NAME OF HUSBAND OR WIFE S			
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.		17. INFORMANT'S SIGNATURE OR NAME [Signature]			
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) Cerebral thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardiovascular disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Blind 05. Deaf.				INTERVAL BETWEEN ONSET AND DEATH 2 days unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4221 A		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to 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?			
22. I hereby certify that I attended the deceased from Jan 7, 1952 to Mar 27, 1952 , that I last saw the deceased alive on Mar 24, 1952 , and that death occurred at 5:15 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE Lewie Littmann				23b. ADDRESS Mo 8231 Clayton Rd (17)		23c. DATE SIGNED 3/28/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 29, 1952		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St Louis Mo	
DATE REC'D BY LOCAL REG. 3-28-52		REGISTRAR'S SIGNATURE Robert R. Donke MD		25. FUNERAL DIRECTOR'S SIGNATURE Ortmann F Rome		ADDRESS 9222 Lackland Overland Mo	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed

Al C. Ortman

Signed.....

Student Embalmer

Licensed Embalmer No. 3478

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.