

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29214**  
Registrar's No. **7660**

FILED SEP 3- 1952		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	State File No. <b>29214</b>		Registrar's No. <b>7660</b>
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>2079</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>7419a Michigan</b>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>1 hr</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>7419a Michigan</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Alexian Bros. Hosp.</b>		3. NAME OF DECEASED a. (First) <b>Louis</b> b. (Middle) <b>W.</b> c. (Last) <b>Banholzer</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 9, 1952</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Nov. 26, 1894</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 15 MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Southway Ice Cream</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Edw. Banholzer</b>		13b. MOTHER'S MAIDEN NAME <b>Magdalena ?</b>		14. NAME OF HUSBAND OR WIFE <b>Marie Banholzer</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes # 1</b>		16. SOCIAL SECURITY NO. <b># 1</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Marie Banholzer, 7429a Michigan</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Apoplexy.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterio-sclerosis</b> DUE TO (c) <b>Hypertensive Heart Disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>2 yrs</b> <b>2 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" 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) (Minute) <b>1:30 PM 8/12/52</b>		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>443X</b>		
22. I hereby certify that I attended the deceased from <b>Aug 8, 1952, August 9, 1952</b> that I last saw the deceased alive on <b>August 7, 1952</b> and that death occurred at <b>4:45 A.M.</b> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <b>George A. O'Sullivan, M.D.</b>		23b. ADDRESS <b>1. Schirmer St. Park</b>		23c. DATE SIGNED <b>8-10-52</b>		
24a. BURIAL CREMATION REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>8/12/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Lemay 23, Mo.</b>
DATE REC'D BY LOCAL REG. <b>AUG 12 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Fendler Und. Co., 7420 Michigan</b>		

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

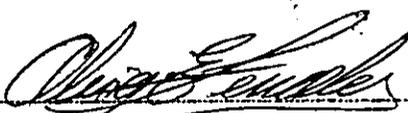
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer No. 11158

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.