

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29596

State File No.

7996

SEP 3- 1952

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 Missouri		b. COUNTY 2159	
b. CITY OR TOWN St Louis		c. CITY OR TOWN St Louis		c. LENGTH OF STAY (in this place) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3135 Mt Pleasant Street			d. STREET ADDRESS (If rural, give location) 15 3135 MtPleasant Street		
3. NAME OF DECEASED (Type or Print) Mary		a. (First)		b. (Middle)	
		c. (Last) Holman		4. DATE OF DEATH Aug 21 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 9-25-1880		9. AGE (In years last birthday) 71		10. IF UNDER 1 YEAR Months Days Hours 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 (City and State or Foreign Country) Czechoslovakia 6	
12. CITIZEN OF WHAT COUNTRY? U S		13a. FATHER'S NAME Josef Langmeier		13b. MOTHER'S MAIDEN NAME Anna Vohraski	
14. NAME OF HUSBAND OR WIFE Josefa Holman		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 Joseph Holman		ADDRESS 3135 MtPleasant			
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) _____					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Coronary Thrombosis</i>					
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		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4/201	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>843A</i> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Walter Perry Deput, Coroner</i>		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 8/22/52	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 8/23/52		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
		24d. LOCATION (City, town, or county) St Louis Missouri		(State)	
DATE REC'D BY LOCAL REG. AUG 23 1952		REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE Moynell Funeral Home 1926 Allen Av	
				ADDRESS	

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

Dale A. Stammen

Licensed Embalmer No.

4533

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.