

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

33049

State File No.

FILED OCT 1 1952

318

1003

8614

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY			
b. CITY OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (In this place) <u>5 Days</u>		c. CITY OR TOWN <u>St. Louis</u>		<u>2079</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Pacific Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>4417 Richard Place</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Lillian</u>		b. (Middle) <u>Audrey</u>		c. (Last) <u>Holtz</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 13 1952</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>		8. DATE OF BIRTH <u>Aug. 3, 1887</u>		9. AGE (In years last birthday) <u>65</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>George P. Werle</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Marks</u>	
14. NAME OF HUSBAND OR WIFE <u>Mr. Erwin J. Holtz</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Erwin J. Holtz, 4417 Richard Place,</u>	
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.		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>four minutes</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerotic heart disease several years</u>							
DUE TO (c) <u>Cancer of the uterus</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Richter's Nodules</u>		<u>Several months</u> <u>2 years</u>					
19a. DATE OF OPERATION <u>Sept. 13, 1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cancer of the uterus</u>				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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>174X</u>			
22. I hereby certify that I attended the deceased from <u>October, 1949</u> , to <u>September, 1952</u> , that I last saw the deceased alive on <u>Sept. 13, 1952</u> , and that death occurred at <u>12:45 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Benjamin N. Charles, M.D.</u>				23b. ADDRESS <u>Mo. Pac. Hospital - St. Louis</u>		23c. DATE SIGNED <u>Sept. 13, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-16-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cemetery.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>SEP 15 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Math Hermann & Son Inc. 2161 E. Fair Ave.</u>			

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

MS
APR 8
1960

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 Alvin W. Holz

Signed.....
Student Embalmer

Licensed Embalmer No. 3737

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.