

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 15 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 43210

STATE FILE NUMBER 11779

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis MO.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Robertsville 0360</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Masonic Home of Mo. 241 m bldg</u>				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>R. R. 2</u>	
3. NAME OF DECEASED (Type or print) First <u>Emma</u> Middle <u>M.</u> Last <u>Holzwarth</u>		4. DATE OF DEATH Month <u>Dec.</u> Day <u>23</u> Year <u>1956</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. AGE (In years last birthday) <u>79</u>		9. AGE (In years last birthday) Months <u>11</u> Days <u>21</u> Hours <u></u> Min. <u></u>		10. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13. FATHER'S NAME <u>Jacob Daut</u>	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME <u>Julia Haldewag</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>4186-18-4369D</u>	
17. INFORMANT <u>Masonic Home of Missouri</u>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized Carcinomatosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>CARCINOMA of Sigmoid Colon</u>		DUE TO (c) <u></u>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <u>153x</u>					
20c. TIME OF INJURY Hour <u></u> Month, Day, Year a. m. <u></u> p. m. <u></u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>St. Louis</u>	
21. I attended the deceased from <u>JAN 56</u> to <u>Dec 23, 56</u> and last saw her/him alive on <u>Dec 21, 1956</u>		Death occurred at <u>Dec 23, 1956 3 A. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Harold E. Walters M.D.</u>		22b. ADDRESS <u>3720 Washington St. Louis Mo.</u>		22c. DATE SIGNED <u>12-23-56</u>		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		23b. DATE <u>Dec. 24, 1956</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Missouri Crematory</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
24. FUNERAL DIRECTOR <u>WACKER-HELDERLE - 3634 Gravois</u>		25. DATE RECD. BY LOCAL REG. <u>DEC 24 1956</u>		26. REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.