

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14825

State File No.

FILED APR 26 1957

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3564**

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

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 (If outside corporate limits, write RURAL and give town) <u>ST. LOUIS Mo</u>	c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN <u>ST. LOUIS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>32 ST. LUKES HOSPITAL 237346 - S. 10th ST.</u>		e. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>PETER</u> b. (Middle) <u>J.</u> c. (Last) <u>HOLDERLE, JR.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 11 1957</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT 9 1908</u>
9. AGE (In years last birthday) <u>48</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INSPECTOR</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HAGER HINGE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U-S-A.</u>	13a. FATHER'S NAME <u>PETER J. HOLDERLE SR.</u>	13b. MOTHER'S MAIDEN NAME <u>CHRISTINA PERROT</u>	14. NAME OF HUSBAND OR WIFE <u>ANNA HOLDERLE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WORLD II</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>ANNA HOLDERLE</u> ADDRESS <u>7346 - S. 10th</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRAIN TUMOR. METASTATIC</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>193x</u>	
19a. DATE OF OPERATION <u>APRIL 10 57</u>	19b. MAJOR FINDINGS OF OPERATION <u>MULTIPLE BRAIN TUMORS</u>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) _____	21f. HOW DID INJURY OCCUR? _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
22. I hereby certify that I attended the deceased from <u>APR 8</u> , 1957, to <u>April 11</u> , 1957, that I last saw the deceased alive on <u>April 11</u> , 1957, and that death occurred at <u>6 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>George L. Hawkins D.M.D.</u> (Degree or title) _____		23b. ADDRESS <u>100 N Euclid St Louis</u>	23c. DATE SIGNED <u>April 13. 57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>APR. 15 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET BURIAL</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>
DATE REC'D BY LOCAL REG. <u>APR 15 57</u>	REGISTRAR'S SIGNATURE <u>W. C. Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Smith</u> ADDRESS <u>2906 Gravois</u>	

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
Signature of Student Embalmer

Signed *Geo J Budde*

Licensed Embalmer No. *3989*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.