

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29538

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7524

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place)  
ST. LOUIS MO

c. CITY OR TOWN ST. LOUIS d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF (If not in hospital or institution, give street address or location)  
15 LUTHERAN Hosp. 2410

e. STREET ADDRESS (If rural, give location)  
3439 CALIFORNIA

3. NAME OF DECEASED (Type or Print)  
a. (First) FRED b. (Middle) \_\_\_\_\_ c. (Last) HELD

4. DATE OF DEATH (Month) (Day) (Year)  
AUG. 10 1957

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH OCT. 5 1888 9. AGE (In years last birthday) 68 10. IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ 11. IF UNDER 4 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED BEER BOTTLER 10b. KIND OF BUSINESS OR INDUSTRY BUSCH BREWERY 11. BIRTHPLACE (City and State or Foreign Country) Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME EDWARD HELD 13b. MOTHER'S MAIDEN NAME LOUISA SCHMIDT 14. NAME OF HUSBAND OR WIFE LENA HELD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. 488-03-9188 17. INFORMANT'S SIGNATURE OR NAME LENA HELD ADDRESS 3439 CALIFORNIA

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) (Probable) Ca of Lung MEDICAL CERTIFICATION  
INTERVAL BETWEEN ONSET AND DEATH 2 wks

ANTECEDENT CAUSES  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) \_\_\_\_\_  
DUE TO (c) 163X

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  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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR \_\_\_\_\_

22. I, hereby certify that I attended the deceased from 7/28, 1957, to 8/10, 1957, that I last saw the deceased alive on 8/10, 1957, and that death occurred at 6:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE Ralph Berg MD (Degree or title) 23b. ADDRESS 3203 S Grand 23c. DATE SIGNED 8/10/57

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 24b. DATE AUG. 13 1957 24c. NAME OF CEMETERY OR CREMATORY PARK LAWN CEM. 24d. LOCATION (City, town, or county) (State) ST. LOUIS MO

DATE REC'D BY LOCAL REG. AUG 12 57 REGISTRAR'S SIGNATURE Carl Smith MD FUNERAL DIRECTOR'S SIGNATURE Thomas Kuter ADDRESS 2906 Grand

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

3203 S Strand

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 *Les J Budd* .....

Licensed Embalmer No. *3984* .....

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.