

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023007

STATE FILE NUMBER

2 5712

FILED JUL 1 1959

Registration District No.

Primary Registration District No.

Registrar No.

300
1-57

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) OR HOSPITAL OR INSTITUTION Missouri Baptist		Length of stay in 1b 5 Wks.	d. STREET ADDRESS (If outside, give location) 1543 McLaren Ave. Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Hospital Middle Bopp Last Holtgrewe			4. DATE OF DEATH Month 6 Day 15 Year 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 20, 1879
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Des Pere, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Valentine Bopp	13b. MOTHER'S MAIDEN NAME -
14. NAME OF HUSBAND OR WIFE George H. Holtgrewe		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None
17. INFORMANT George F. Holtgrewe, 3022 Clearview Dr.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
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.) 4200	
20c. TIME OF INJURY Hour 12:17 Month 6 Day 15 Year 1959 a.m. p.m.		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 COUNTY STATE	
21. I attended the deceased from 6-22-54 to 6-15-59 and last saw her alive on 6-15-59 Death occurred at 12:17 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Name or title) Joseph E. Carney M.D.	
22b. ADDRESS 906 Olive		22c. DATE SIGNED 6-16-59	
23a. BURIAL (CREMATION), REMOVAL (Specify) burial		23b. DATE 6/17/59	23c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis Mo.		24. FUNERAL DIRECTOR ADDRESS Drehmann-Harral, 1905 Union Blvd.	
25. DATE RECD. BY LOCAL REG. JUN 16 '59		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

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Dr. Jos. E. Carney
Frisco Bldg., 9th & Olive
Ga 1-0198
Hrs. 9:30-2 Mon. & Tues.

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 *Warren A. Carr*

Licensed Embalmer No. *3534*

P. O. Address

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.