SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-043158
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3195

FILED NOV 21 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY St. Louis,
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton, — Length of stay in 1b: 1 HR
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hospital, — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri, b. COUNTY St. Louis,
c. CITY OR TOWN Valley Park, — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 42 Petty Hills — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Billie Middle: Jean Last: Holweg
4. DATE OF DEATH Month: 11 Day: 11 Year: 1961
5. SEX: Female.
6. COLOR OR RACE: White,
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/12/61
9. AGE (last birthday)
IF UNDER 1 YEAR: Months 2 Days 29 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Valley Park, Missouri,
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: James L. Holweg,
13b. MOTHER'S MAIDEN NAME: Ann L. Wilson,
14. NAME OF HUSBAND OR WIFE: ———
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: James L. Holweg, Address: 42 Petty Hills, Valley Park, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bilateral adrenal hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Meningococcal septicemia
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Bronchopneumonia
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 11-11-1961, to 11-11-1961 and last saw her/him alive on 11-11-1961
Death occurred at 12:15 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edward T. Barber (Degree or title) M.D.
22b. ADDRESS 601 S. Brentwood, Clayton
22c. DATE SIGNED 11/11/61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 11/14/61
23c. NAME OF CEMETERY OR CREMATORY RESSURECTION ~~SS. Peter & Paul Cemetery~~
23d. LOCATION (City, town, or county) (State) St. Louis, Missouri,

24. FUNERAL DIRECTOR Gebken-Benz Mortuary, ADDRESS 2842 Meramec St., St. Louis, 18, Mo.
25. DATE RECD. BY LOCAL REG. 11-13-61
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 me, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Joe B. Berry

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.
St. Louis, 18, M

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.