

FILED JAN 13 1943 818

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1003

State File No. \_\_\_\_\_

Registrar's No. 11013

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St Anthonys Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Days  
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4222 Hartford  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mathilda A. Holle

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Anton 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 12, 1856  
(Month) (Day) (Year)

8. AGE: Years 86 Months 2 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joseph Hackmann  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant George J. Lutkewitte  
(b) Address 4222 Hartford

17. (a) Burial (b) Date thereof 12/31/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Oscar J. Hoffmeister  
(b) Address 4016 Chippewa

19. (a) JEL 30 (b) J. F. Bredsch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29 year 1942 hour 7 minute 45.A. M.

21. I hereby certify that I attended the deceased from 12/23/42 '19 to 12/29 '19 42  
that I last saw her alive on 12/28 '19 42  
and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal Abstraction  
Postoperative Periton  
& adhesions  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) Penitely!

Major findings: Of operations \_\_\_\_\_  
Of autopsy none

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature Jo L. Jones (M. D. or other) \_\_\_\_\_  
Address 4015 50th Street Date 12/31/42

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

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**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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *Ernest W. Spillars*  
Licensed Embalmer No. 4080  
P. O. Address 3747 Dunnic

**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 this body is not embalmed, fact should be so stated above.**