

No. 2
-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3272

State File No. _____

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 2

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
619 N. 2nd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 10 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 619 N. 2nd (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Belgium

3. (a) PRINT FULL NAME Marie de Holling

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

4. Sex Feminine 5. Color or race White 6. (a) Single, ~~widowed~~, ~~married~~, ~~divorced~~ 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 24 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 5 3 hr. _____ min.

9. Birthplace near Beaumont Belgium
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher of French

11. Industry or business _____

MOTHER, FATHER { 12. Name Deceased 9
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fitz-William
(b) Address 619 N. 2nd St. Charles, Mo.

17. (a) Burial (b) Date thereof Dec. 30 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lower Cem. St. Charles, Mo.

18. (a) Signature of funeral director A. C. Dallmeier & Son

(b) Address 211 N. Second, St. Charles, Mo.

19. (a) 12-30-42 (b) Clarence J. Wessler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28th
year 1942 hour 8 minute 10 A.M.
21. I hereby certify that I attended the deceased from past 5 yrs
19____ to 19____
that I last saw him alive on Dec 25 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis (Myocarditis)

Due to Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 940

Of autopsy _____

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? _____
While at work? _____ (Specify type of place) _____
Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address 515 Jan St. Charles Date signed Dec 28 42

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

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 John E. Dallmeyer
Licensed Embalmer No. 2957
P. O. Address St Charles Mo

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.