

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution: **St. Anthony Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **19 days**
In this community **1 year**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Pine Lawn, Missouri**
(If outside city or town limits, write "RURAL")
(d) Street No. **6913 Woodrow**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Betty Ackfeld**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Fred** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **Oct. 14, 1861**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 6 22 hr. min.

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

10. Usual occupation **Housewife at home**

11. Industry or business **Housewife at home**

MOTHER FATHER {
12. Name **Henry Holtermann**
13. Birthplace **Germany**
14. Maiden name **Elizabeth Reckmeyer**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Grimm**
(b) Address **Lemay, Missouri.**

17. (a) **Burial** (b) Date thereof **May 10, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Koeltztown, Missouri.**

18. (a) Signature of funeral director **Fendler Und. Co.**

(b) Address **7420 Michigan Ave.**

19. (a) **MAY 7 1943** (b) **J.F. Beedeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **6**
year **1943** hour **11** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **April 17 1943 to May 6 1943**
that I last saw her alive on **May 6 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis
Thrombosis of left forearm** Duration **2 days**

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
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?

While at work (Specify type of place) (a) Means of injury
23. Signature **J.F. Beedeck** (M. D. or other)
Address **5417 N. Grand** Date signed **5-7-43**

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..... *Oliver E. Fendler*.....

Licensed Embalmer No..... *4148*.....

P. O. Address..... *St. Louis, 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.