MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

2658

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 2658

Township ..... Primary Registration District No. ..... Registered No. 220

City St. Louis (No. 3816a North 25th St. ..... Ward)

2. FULL NAME Minnie H. Holtmann

(a) Residence. No. 3816a N. 25th St., 20 Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Henry Holtmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 4-16-1852

7. AGE: Years 74 | Months 8 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

PARENTS
10. NAME OF FATHER: Frederick Welhoelter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

14. INFORMANT: August Welhoelter
(Address) 4820 Kossuth Ave.

15. FILED JAN -7 1927 (19..) Max C Starkloff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 5 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 27th, 1926, to Jan 5th, 1927 that I last saw her alive on Jan 5, 1927, and that death occurred, on the date stated above, at 2:45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108
131
101a
(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY): Chronic Interstitial Nephritis
not known (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Henry Beier, M. D
, 19 (Address) 2303a Salisbury St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Zion
DATE OF BURIAL: Jan. 9th 1927

20. UNDERTAKER: Math. Hermann and Son
ADDRESS: 4103 W. West Florissant Ave.

...rmation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ... plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.