WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

22534

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 6174

City St Louis (No. Deaconess Hospt. St. ..... Ward)

2. FULL NAME Matilda Holzmeier

(a) Residence. No. Deaconess Hospital St. 11 Ward. Maystown Ill.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wilbur E Holzmeier

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 1st 1893

7. AGE: Years 28 | Months 11 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Maystown Ill

PARENTS
10. NAME OF FATHER: William Hoaff
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ill
12. MAIDEN NAME OF MOTHER: Lottie Sauerhaug
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ill

14. INFORMANT: Wilbur E. Holzmeier
(Address) Maystown Ill

15. FILED JUL -5 1927 19..... Max C Starkcoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 4, 1927

17. I HEREBY CERTIFY, That I attended deceased from July 3, 1927, to July 4, 1927 that I last saw her alive on July 4, 1927, and that death occurred, on the date stated above, at 4 00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Eclampsia
148 146 143B (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY): Pregnancy c̄ Nephritis and Uremia (duration) ..... yrs. ..... mos. 1 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? Routine laboratory

(Signed) Franz Arzt, M. D

, 19 (Address) Missouri Bldg.

*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: Maystown Ill | DATE OF BURIAL: July 7th 1927

20. UNDERTAKER: Dashner Und Co | ADDRESS: Red Bud Ill