

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

Do not use this space.

29071
8658

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 4301) Prairie (No. 1003)
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4301 Prairie Cor. St., 10 Ward. _____
(Usual place of abode) _____ (If nonresident give city or town and State)

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lizzie Holtz (nee Hilmen)
6. DATE OF BIRTH (MONTH DAY AND YEAR) Oct. 24, 1858
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 68 | 11 | 4 | _____
8. OCCUPATION OF DECEASED Foreman Grassell Chemical Co.
(a) Trade, profession, or particular kind of work
(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
10. NAME OF FATHER Holtz Kingdon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Henrietta Vollenboest
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Lizzie Holtz
(Address) 4301 Prairie Cor.

15. FILED SEP 29 1927 Marie Starnes
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 28 1927
17. I HEREBY CERTIFY, That I attended deceased from Sept. 1927 to Sept. 28 1927 that I last saw him alive on Sept. 27 1927, and that death occurred, on the date stated above, at _____
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of lower jaw
tongue & ganges

(CONTRIBUTORY (SECONDARY)) 45
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? Pathology findings
(Signed) J. M. Starnes, M. D.
(Address) 3801 Bea Ave

*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 Friedens
DATE OF BURIAL Sept. 30 1927
ADDRESS 410 West
Math. Hermann and Son
Florissant Co.

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.

PERMANENT RECORD

