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

Do not use this space.

2632

1. PLACE OF DEATH

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

Township..... Primary Registration District No. 1003 Registered No. 193

City St Louis (No. Barnes City Hospital, St. ..... Ward)

2. FULL NAME Otto Holzgrebe.

(a) Residence. No. 1328 No 1st St., 21 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male.	White.	Divorced

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Holzgrebe.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 10th 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	8	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer.
(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 Ny. Holzgrebe.

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 Mathilda Linne
(Address) 4935 Lilburn Av

15. FILED JAN -6 1928, 19..... Max G Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 11 P. .....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Asphyxiation due to Fuel gas coal (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Accidental or Intentional not determined (duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED? Home

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) R. Vitt, M. D

5/1, 1928 (Address) Coroner

*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 Bethany — DATE OF BURIAL Jan 8 1928

20. UNDERTAKER Wm A Paschedag — ADDRESS 2825 No Grand Av

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.