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

Do not use this space.

39008

File No.

Registered No. 11678

1. PLACE OF DEATH

County

Township

City St Louis (No. 26 Barnes Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Helen Holzhauer

(a) Residence. No. 2029 Madison St., 20 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 5 mos. 3 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 26, 1903

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
25	5	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Shirt Presser

(b) General nature of industry, business, or establishment in which employed (or employer): Shirt Makers

(c) Name of employer: Elder Mfg. Co.

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Centralia Ill.

PARENTS

10. NAME OF FATHER Fred. Holzhauer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Edwardsville
(STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER Mary Kolstenberg

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hampton
(STATE OR COUNTRY) Ill.

14. INFORMANT Fred Holzhauer
(Address) 2029 Madison.

15. FILED 30 1928 Max E. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 30 1928

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to Nov. 30, 1928, that I last saw h. alive on Nov. 30, 1928, and that death occurred, on the date stated above, at 12:05 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Subacute bacterial endocarditis
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Broncho-pneumonia
(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF No
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) F. A. Brouberg, M. D.
, 19 (Address) 600 S. Kingshighway

*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: New Bethlehem

DATE OF BURIAL: Dec 3 1928

20. UNDERTAKER: Thos H Budwicker

ADDRESS: 1936 N Fourth

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.