NOV 28 1930

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

Do not use this space.

34100

1. PLACE OF DEATH
County St Louis — Registration District No. 1170
Township — Primary Registration District No. 62488
City Richmond Hts Mo (No. St. Mary's Hospital St. Ward)
File No.
Registered No. 245

2. FULL NAME Everett Holzman
(a) Residence. No. 6818 Nashville St., 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 23, 1923

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
7	3	13	

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) Overland
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Geo Holzman
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Millie Francis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo.

14. INFORMANT Geo. Holzman
(Address) 6818 Nashville Ave.

15. FILED 10/16, 1930 C. L. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 16 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1930, to Oct 16, 1930 that I last saw him alive on Oct. 15, 1930, and that death occurred, on the date stated above, at 8 15 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

24 A
27 D Tuberculous Lung
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Tuberculous meningitis
(duration) yrs. mos. 13 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & autopsy
(Signed) A H Aid, M.D
, 19 (Address) 6194 Delmar Blvd

*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: Laflin Mo.
DATE OF BURIAL: Oct 17 1930

20. UNDERTAKER: T. J. Linan
ADDRESS: 1519 S. Grand

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.