

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

Do not use this space.

40567

**1. PLACE OF DEATH**

County St. Louis

Registration District No. 285

Township Bonhomme

Primary Registration District No. 6031

City Fenton (No. Mo)

File No. 23

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Katherine M. Holz

(a) Residence. No. Fenton, Mo 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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 19, 1864

7. AGE 66 YEARS MONTHS 9 DAYS 22 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) At Home (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

10. NAME OF FATHER Ferdinand Wunderlich

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

12. MAIDEN NAME OF MOTHER Anna Meurer

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

14. INFORMANT Francis K Holz (Address) Fenton, Mo

15. FILED 1-10 1931 C.E. Barnett M.D. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 11 1930

17. I HEREBY CERTIFY, That I attended deceased from March 6 1930 to Dec 11 1930 that I last saw h. ev alive on Dec 11 1930, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS: 93c  
Chronic Myocarditis  
(duration) \_\_\_\_\_ yrs. 9 mos. 5 ds.

CONTRIBUTORY (SECONDARY) none (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED 910 IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical findings (Signed) J.P. Kemmerich Jr. M.D. Dec 12 1930 (Address) 6200 Columbia

\*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 Next St. Peter Paul DATE OF BURIAL Dec 15 1930

20. UNDERTAKER Harold J. Schmitt ADDRESS 3737 St Grand Bl

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

22 1931

620  
Howard  
Hy. 0223