

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

Do not use this space.

**9026**

**1. PLACE OF DEATH**  
 14 County Callaway Registration District No. 105  
 Township Unionville Primary Registration District No. 5-155  
 City Patterson, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Louise Katherine Holzhauser  
 (a) Residence, No. \_\_\_\_\_ 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.

File No. \_\_\_\_\_  
 Registered No. 24

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX** Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Married

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Albert J. Holzhauser

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Dec-22-1893

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
37      2      22

**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** Housewife

**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.** 335

**10. Date deceased last worked at this occupation (month and year)** \_\_\_\_\_ **11. Total time (years) spent in this occupation** \_\_\_\_\_

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** St Louis Mo.  
2630 Montgomery St. 1

**13. NAME** John H. Harker

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Germany. 10

**15. MAIDEN NAME** Anna Schneider

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** St Louis Mo. 1

**17. INFORMANT** Albert Holzhauser  
 (ADDRESS) Patterson Mo.

**18. BURIAL, CREMATION, OR REMOVAL** St Louis, Mo.  
 PLACE Zion Cemetery DATE 3-17-31

**19. UNDERTAKER** Ed Wisniewski  
 (ADDRESS) Wesley Mo.

**20. FILED** 3-11-1931 W. J. Williams  
 Registrar.

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 3-14-31 .1931

**22. I HEREBY CERTIFY** That I attended deceased from March 1, 1931, to March 14, 1931  
 I last saw him alive on Mar 14, 1931. Death is said to have occurred on the date stated above, at 1130 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Influenza and pneumonia  
 Other contributory causes of importance:  
Chronic Valvular Heart disease

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

**23. If death was due to external causes (violence), fill in also the following:**  
 Accident, suicide, or homicide? no Date of injury no, 1931  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

**24. Was disease or injury in any way related to occupation of deceased?** \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Ed Wisniewski, M. D.  
 (Address) Patterson Mo.

OCCUPATION  
 FATHER  
 MOTHER

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.

APR 21 1931

