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

Do not use this space.
26805

File No. 8001
Registered No.

1. PLACE OF DEATH

County
Township
City St Louis (No. 3865a Lincoln Ave St. Ward)

Registration District No. 7801
Primary Registration District No. 1003

2. FULL NAME Fred G. Holzkamp

(a) Residence, No. 3865a Lincoln Ave St. 11 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*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 17-1876

7. AGE: Years 54 | Months 7 | Days 1 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Fulton Iron Wks
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 Charles Mo

FATHER

13. NAME: Charles Holzkamp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known

MOTHER

15. MAIDEN NAME: Margaret Koch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known

17. INFORMANT (ADDRESS): Mrs Mary Holzkamp 3865a Lincoln Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Charles Mo DATE July 21, 1931

19. UNDERTAKER (ADDRESS): Strom F. U. Co 3702 Eminence

20. FILED JUL 20 1931, 19 Mary C. Starkloff
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from March/7/31, 19.... to JULY/18/31, 19.... I last saw him alive on JULY 17/31, 19.... Death is said to have occurred on the date stated above, at 5 02 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1yr
4 to 7	
1 to	

Other contributory causes of importance:

Carcinoma Of The Oesophegus	4month

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? Date of injury, 19....
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) M. D.
(Address) 1336 FRANKLIN, ST. LOUIS MO

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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD