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.

MAY 28 1932

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

Do not use this space.

13746

1. PLACE OF DEATH

95 County Ste. Genevieve — Registration District No. 780 — File No.

Township JACKSON — Primary Registration District No. 6028 — Registered No. 28

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME JOHN HOLST

(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 52 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 ARMBRUSTER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 29 1852

7. AGE — YEARS: 79 — MONTHS: 3 — DAYS: 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
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) BADEN GERMANY 10

FATHER

13. NAME UNKNOWN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER

15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) Fred Holst Danby Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE CONCORD MO DATE APRIL 20 1932

19. UNDERTAKER (ADDRESS) John Basler Ste. Genevieve Mo

20. FILED Apr 19 1932 T. W. Douglas Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr - 18 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec - 27 - 1931, to Apr - 18 - 1932

I last saw him alive on Apr - 14 - 1932. Death is said to have occurred on the date stated above, at 1:55 A.m.

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

	Date of onset
Broncho-Pneumonia	4/13/32
Influenza	4/14/32
111	
107A	
162	

Other contributory causes of importance:

Senile Dementia	3/11-1931

Name of operation ✓ Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

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? no

If so, specify .....

(Signed) R. W. Lanning, M. D.

(Address) Ste. Genevieve Mo