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.

27 1932

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

Do not use this space.

20573

1. PLACE OF DEATH

92 County St Charles — Registration District No. 757 — File No.

4 Township — Primary Registration District No. 3036 — Registered No. 89

8 City St Charles (No. St Josephs Hospital St. Ward)

2. FULL NAME William Holtman

(a) Residence, No. (Usual place of abode) St., Ward. New Melle Mo (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 Emma Geldner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4 - 1862

7. AGE: Years 69 — Months 7 — Days 28 — 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

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12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Melle Mo.

FATHER

13. NAME John Holtman

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

MOTHER

15. MAIDEN NAME Katharina Holt

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

17. INFORMANT (ADDRESS) Paul Berkemeier Augusta Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Melle Mo DATE June 4 1932

19. UNDERTAKER (ADDRESS) H. Dallmeyer & Sons 60 800 N. 2nd St. St Charles Mo.

20. FILED 6/2 1932 Hy G Bloebaum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1932 to June 2, 1932

I last saw him alive on June 2, 1932 Death is said to have occurred on the date stated above, at 12:45 P.m.

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

Carcinoma of colon — Date of onset

Chronic appendicitis

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Other contributory causes of importance:

Hypostatic pneumonia

Name of operation illocolostomy Date of 5/26/32

What test confirmed diagnosis? operation 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) Ben L. Neubeiser, M. D.

(Address) St. Charles, Mo.