

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.

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

Do not use this space.

40387

1. PLACE OF DEATH

County Lafayette  
Township Beresford  
City (No. )

Registration District No. 457  
Primary Registration District No. 5621B

File No. \_\_\_\_\_  
Registered No. 30  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Henry C. Holsten

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June - 14 - 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 59 5 24

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

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) Lafayette Mo (STATE OR COUNTRY) Missouri

13. NAME Jacob Holsten

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

15. MAIDEN NAME Mary Krede

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

17. INFORMANT Edwin J. Rehkopf (ADDRESS) Beresford Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Cemetery 4 DATE Dec - 11 - 1932

19. UNDERTAKER N. F. Dicus (ADDRESS) Beresford Mo

20. FILED 12-9-32 Ferdinand Shryman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 8 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1932, to Dec 8, 1932

I last saw him alive on Dec 8, 1932. Death is said to have occurred on the date stated above, at 6:45 p.m.

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

Cerebral Hemorrhage Date of onset 12-5-32

Other contributory causes of importance: none

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? 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) Ferdinand Shryman, M. D.

(Address) Beresford Mo

