

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

Do not use this space.

3659

**1. PLACE OF DEATH**

County..... Registration District No..... File No.....  
Township..... Primary Registration District No..... Registered No. 613  
City St. Louis (No. Mo. Baptist Hospital) St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 4840 Cupples Pl St. 6 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clara Holtz</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 30, 1883</u>		
7. AGE YEARS <u>49</u>	MONTHS <u>8</u>	DAYS <u>17</u>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Bookkeeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Fryel Cash Co</u>	
10. Date deceased last worked at this occupation (month and year) <u>Jan. 1, 1933</u>		11. Total time (years) spent in this occupation <u>23</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
FATHER	13. NAME <u>John Holtz</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Clara Holtz 4840 Cupples Pl</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Crematory</u> DATE <u>Jan. 19, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Drehmann Funeral 1905 Union Blvd</u>		
20. FILED <u>JAN 19 1933</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17, 1933

22. I HEREBY CERTIFY That I attended deceased from Jan 15 1933 to Jan 16 1933  
I last saw him alive on Jan 16 1933 Death is said to have occurred on the date stated above, at 29 m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Haemorrhage Date of onset 1/15/33  
Arteriosclerosis  
Other contributory causes of importance:  
None

Name of operation None Date of.....  
What test confirmed diagnosis? Typical Where 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) J. H. Meyer, M. D.  
(Address) 1800 Chen. - 15th St. St. Louis, Mo

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.

1800 Old Lane

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