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

Do not use this space.
9116

1. PLACE OF DEATH
County: Franklin — Registration District No.: 296 — File No.:
Township: Union — Primary Registration District No.: 480 — Registered No.:
City: (No. , St. Ward)

2. FULL NAME: Gertrute Elizabeth Holdmeier
(a) Residence. No. St., 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.

APR 21 1933

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 10 1854

7. AGE: Years 78 — Months 5 — Days 19 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Union.
(STATE OR COUNTRY): Missouri.

PARENTS
10. NAME OF FATHER: John Lenau
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Gertrude Peveling
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Germany

14. INFORMANT: Miss. Rose G. Holdmeier
(Address): Villa. Ridge. Mo.

15. FILED: 4/9, 19 51 — Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 29 1933

17. I HEREBY CERTIFY, That I attended deceased from 11/23/32, 19, to 3/29/33, 19, that I last saw her alive on 3/29/33, 19, and that death occurred, on the date stated above, at 7:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uremia Poisoning
13 days
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Cardio Vascular Renal Disease
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) L. E. Marshall, M. D.
, 19 (Address) Union Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St. John's The Baptist Catholic Church Cemetery — DATE OF BURIAL: April 1 1933
20. UNDERTAKER: Union Furniture Co. — ADDRESS: Union Mo.
By Wm. H. Horn

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.