

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

Do not use this space.

**1. PLACE OF DEATH**

950 County St. Charles  
Township Fumme cerge  
City (No. ....) .....

Registration District No. 913  
Primary Registration District No. 5996 B

File No. 17582  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Edward H. Holt

(a) Residence, No. .... St. .... Ward. ....

Length of residence in city or town where death occurred 81 yrs. 4 mos. 7 ds. How long in U. S., if of foreign birth? 1 yrs. 1 mos. 1 ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 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 Anna Holt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 4<sup>th</sup> 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
81 4 7

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) 1922 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Co., Mo

13. NAME Conrad Holt

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

15. MAIDEN NAME Susan M. Vogler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles county Mo

17. INFORMANT Oscar C Holt (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL PLACE Cappelen DATE May 24<sup>th</sup> 1933

19. UNDERTAKER Thomas Muschong (ADDRESS) .....

20. FILED May 1, 1933 O. R. Buencuerria Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1933

22. I HEREBY CERTIFY, That I attended deceased from May 2nd 1933, to May 11<sup>th</sup> 1933  
I last saw him alive on May 10<sup>th</sup> 1933 Death is said to have occurred on the date stated above, at 4:00 m.

The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage (apoplexy) Date of onset May 8<sup>th</sup> 1933

Other contributory causes of importance:  
Prostatic Hypertrophy  
Cystitis

Name of operation No operation Date of None  
What test confirmed diagnosis? Physiol Chem Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicida? No Date of injury ....., 19....  
Where did injury occur? No injury (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No injury  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify .....

(Signed) Benjamin Brandt, M. D.  
(Address) Brustell Mo.

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. JUN 23 1933

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