

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

Do not use this space.

18116

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1003
City St. Louis, Mo. (No. City Hospital)

File No.....
Registered No. 4320
St. Ward)

2. FULL NAME

(a) Residence, No. 1707 N. Jefferson St., 20 Ward.
(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. (If nonresident, give city or town and State)

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) Sept. 21-1875
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 7 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

MOTHER FATHER 13. NAME Edward J. Holle

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

MOTHER 15. MAIDEN NAME Catherine Acker

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

17. INFORMANT (ADDRESS) Frank Holle 3831^{1/2} Ashland

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Cem DATE May 17, 1933

19. UNDERTAKER (ADDRESS) Reider-Jedon Funeral Home Inc 1936 St. Louis Ave

20. FILED 17 1933 F. Hedrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 186 A, 1933, to 1933, 1933. I last saw him alive on May 10, 1933, 1933. Death is said to have occurred on the date stated above, at 1:15 P. m.

The principal cause of death and related causes of importance were as follows:
Incomplete fracture of skull at base following fall from ladder
Other contributory causes of importance:
Coronary Occlusion
Chronic Myocarditis

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury May 8, 1933. Where did injury occur? 6054 1/2 my alley - St. Louis (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fall
Nature of injury Haemorrhage of Brain - Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....
(Signed) Harold J. [Signature]
(Address) Superior [Address]

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.

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5/17/33

