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

Do not use this space.

24904

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 703 Registered No. 6321

City St. Louis Mo. (No. ..... Sanitarium St. ..... Ward)

2. FULL NAME Mary Holzhauer

(a) Residence, No. 2025a Madison St., 20 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

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

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26, 1882

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 50 | 9 | 25 | |

OCCUPATION

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

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) (STATE OR COUNTRY) Unknown Illinois

FATHER

13. NAME Ernest Halsterberg [illegible]

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

MOTHER

15. MAIDEN NAME Caroline Koeling [illegible]

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

17. INFORMANT (ADDRESS) Hubert P Smith MD 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Bethlehem DATE July 22 1933

19. UNDERTAKER (ADDRESS) Beiderwieden Funeral Home Inc 1936 St. Louis Ave

20. FILED [illegible] 19 J J Biedick Registrar.

## MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1931, to July 20, 1933

I last saw her alive on July 20, 1933 Death is said to have occurred on the date stated above, at 3:40 P.m.

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

| | Date of onset |
|---|---|
| Acute Myocarditis | 1 da |
| 93 P | |
| 99 | |

Other contributory causes of importance:

| | |
|---|---|
| Arterio-Sclerosis | 2 yr |

Name of operation no Date of —

What test confirmed diagnosis? clinical 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? —

If so, specify .....

(Signed) Hubert P Smith, M. D.

(Address) 5400 Arsenal St.

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.