

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

Do not use this space.

41968

JAN 26 1934

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **8003**

File No.....
Registered No. **11013**
St..... Ward.....

2. FULL NAME

(a) Residence, No. **1838 2nd 9th** St. **23** Ward.

(Usual place of abode) (If nonresident, give city or town and State)
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

1. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 22 - 1853**

7. AGE YEARS **80** MONTHS **—** DAYS **1** If LESS than 1 day, hrs. or min.

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) **Ungarn**

FATHER 13. NAME **Frank Hollmer**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ungarn**

MOTHER 15. MAIDEN NAME **Ant. Knorr**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ungarn**

17. INFORMANT (ADDRESS) **Adolph Martin 1838 2nd 9th St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Vincent** DATE **Dec 26, 1933**

19. UNDERTAKER (ADDRESS) **Grandy & Co 463 5th St**

20. FILED **1 1 1934** 19 **J. H. Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 23, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 16** 19**33**, to **Dec. 23** 19**33**

I last saw her alive on **Dec. 21** 19**33** Death is said to have occurred on the date stated above, at **3:25 p.m.**

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

Senility
106A
162
106A
Other contributory causes of importance:
Acute bronchitis

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

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) **C. M. Atkins**, M. D.
(Address) **3012 Lafayette**

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.

