

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.

JAN 26 1934

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

Do not use this space.

42210

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City St. Louis (No. 5307) Waterman Ave St. 6 Ward

2. FULL NAME

(a) Residence, No. 5307 Waterman St. 17 Ward. (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

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 Fredrick H. Holtgrewe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 7 10

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

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) St. Louis, Mo.

13. NAME John J. Hermann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati, Ohio

15. MAIDEN NAME Rosa Encigalupo

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

17. INFORMANT Fredrick H. Holtgrewe (ADDRESS) 5307 Waterman

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Jan 1 1934

19. UNDERTAKER Geiderwiden & Sons (ADDRESS) 193 North 4th St

20. FILED JAN 21 1934 Friedeck Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 24 1934 to Dec 29 1933

I last saw him alive on Dec 28 1933 Death is said

to have occurred on the date stated above, at 2:40 P.M.

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

acute dilatation of heart 93C 126 95C
chronic myocarditis
Cholelithiasis
Date of onset 1930
1932

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Frank P. Fenigan M. D.
(Address) 3701 Westmoreland

