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

Do not use this space.

MAR 24 1934

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1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 4007

Township — Primary Registration District No. 1001 — Registered No. 171

City St. Joseph (No. St Joseph Hospital St. Ward)

2. FULL NAME Emma Holtgreve

(a) Residence, No. 1902 Howard St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Holtgreve

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 21, 1857

7. AGE: YEARS 76 — MONTHS 1 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

FATHER

13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Louis Creel 1902 Howard st St Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt Olivet Cemetery
PLACE St Joseph Mo. DATE Febr. 13 1934

19. UNDERTAKER (ADDRESS) H O Sidenbaden 1802 Union st St Joseph Mo.

20. FILED FEB 12 1934 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1934 to 2-11, 1934
I last saw her alive on 2-11, 1934 Death is said to have occurred on the date stated above, at 8:30A m.
The principal cause of death and related causes of importance were as follows:

Pneumonia, broncho — Date of onset

186a

Other contributory causes of importance:
Tract fem
Chr Myocarditis

Name of operation None Date of
What test confirmed diagnosis? 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? ~~Home~~ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place: home, fell & broke femur
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) James O Donoghue, M. D.
(Address) Kirk Bldg

N.B. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.