

JUN 1 1935

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

Do not use this space.

6241-a

1. PLACE OF DEATH

County Jefferson
Township Highway
City St. Louis

Registration District No. 620
Primary Registration District No. 5822

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 14 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Holtman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-24-1882</u>		
7. AGE <u>52</u>	YEARS <u>8</u>	MONTHS <u>1</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Conception, Mo.</u>		
13. NAME <u>Hannah E. Eavis</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shelby, Mo.</u>		
15. MAIDEN NAME <u>Rebecca Remlinger</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Frank</u>		
17. INFORMANT (ADDRESS) <u>Marjorie M. Eavis</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Conception</u> DATE <u>2-27-35</u>		
19. UNDERTAKER (ADDRESS) <u>Conception, Mo.</u>		
20. FILED <u>2/28</u> 19 <u>35</u> <u>W. H. Graham</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-25-1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1932 to Feb-25 1938
I last saw her alive on Feb 24 1935 Death is said to have occurred on the date stated above, at 12:45 a.m.
The principal cause of death and related causes of importance were as follows:
Multiple Sclerosis

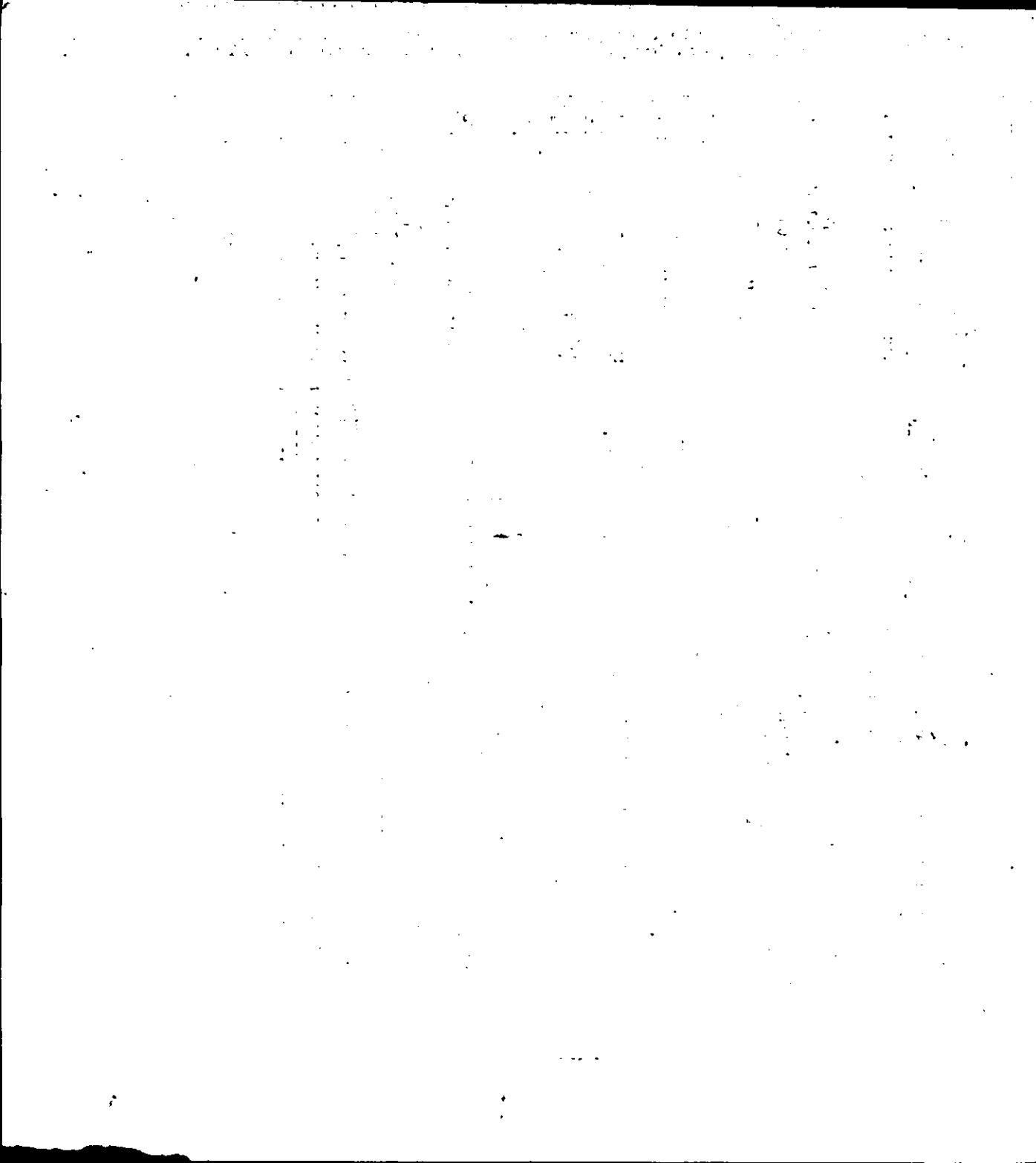
Other contributory causes of importance:

Name of operation: _____ Date of: _____
What test confirmed diagnosis? Clinical 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?
If so, specify: _____
(Signed) J. M. Bayles, M. D.
(Address) Conception, Mo.



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Madison

Registration District No. 620

Township

Primary Registration District No. 5822

City

(No.)

File No.

Registered No.

St. Mo. Ward)

2. FULL NAME

Isabelle Holtzman

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

ysr.

mos.

ds.

How long in U. S., if of foreign birth?

ysr.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

7

4. COLOR OR RACE

W

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

m

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

Isabel Holtzman

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

6-24-1882

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.

52

8

1

OCCUPATION

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER
(ADDRESS)

20. FILED

2/28

19

Isabel Holtzman

Registrar

MEDICAL CERTIFICATE OF DEATH

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

9-25, 1930

22. I HEREBY CERTIFY, That I attended deceased from
....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the at..... m.

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

Multiple Sclerosis Date of onset

of spinal cord

Other contributory causes of importance

Name of operation

Date of

What test confirmed diagnosis? clinical Was there an autopsy? e

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)

(Address)

M. D.

Isabel Holtzman
Conception

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

1935
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