

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

Do not use this space.

31068

OCT 23 1935

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis Mo** (No. **5400** **Greenland Sanitarium**) St. Ward)

File No.
Registered No. **7863**
St. Ward)

2. FULL NAME Frank Holzman

(a) Residence, No. 2081 1/2 Adelaide Pl. St. Ward. 9
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22 1887
7. AGE YEARS 48 MONTHS 1 DAYS 26 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17-1935
22. I HEREBY CERTIFY, That I attended deceased from 9-14 1935 to 9/17 1935
I last saw him alive on 9/17 1935 Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Printer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printer
10. Date deceased last worked at this occupation (month and year) about 1917 11. Total time (years) spent in this occupation.....

Date of onset
Cerebral Palsy
82
Other contributory causes of importance:
Cardiac Hypertrophy
Hypertension

MOTHER FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri
13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Germany
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Missouri

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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.....

17. INFORMANT Dr. B. P. Hill (ADDRESS) 5400 Green St.
18. BURIAL, CREMATION, OR REMOVAL PLACE Cassary DATE 9/20/35
19. UNDERTAKER W. A. Stucky (ADDRESS) 2117 6th Street
20. FILED SEP 18 1935 J. Bredecke Registrar.

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....
(Signed) B. P. Hill M.D.
(Address) 5400 Green St. St. Louis

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

