

MAY 25 1936

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

Mosley  
Do not use this space.  
16334

## 1. PLACE OF DEATH

County Pettis  
Township.....  
City Sedalia

Registration District No. 668  
Primary Registration District No. 3232  
(No. 615 East 13th.)

File No. 129 125  
Registered No. 168  
St. .... Ward)

## 2. FULL NAME

Robert Earnest Holst

(a) Residence, No. 615 East 13th. St., ..... 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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11, 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
8 ~~7~~ 3 7

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) Sedalia (STATE OR COUNTRY) Mo.

FATHER  
13. NAME Ernest Holst

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

MOTHER  
15. MAIDEN NAME Louise Weise

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

17. INFORMANT Ernest Holst (ADDRESS) Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crown Hill DATE April 20, 1936

19. UNDERTAKER Gillespie Funeral Home (ADDRESS) Sedalia Mo.

20. FILED 4-25 19. 36 Jessie Shep Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18/5, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1936, to April 18, 1936.  
I last saw him alive on April 18, 1936. Death is said to have occurred on the date stated above, at 12:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Date of onset  
Bronchial  
Pneumonia  
Pneumonia  
Other contributory causes of importance:  
Influenza

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 of injury in any way related to occupation of deceased?  
If so, specify .....  
(Signed) Frank R. Mosley, M. D.  
(Address) Sedalia Mo.

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.

