

**JUN 25 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

20274

1. PLACE OF DEATH

County Perry Registration District No. 657
Township Bridgeport Primary Registration District No. 5874
City _____ (No. _____, St. _____ Ward _____)

File No. _____
Registered No. 8

2. FULL NAME

Julius Hermann Holscher Hattenberg RI - Mo.
(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 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Gilhe Holscher
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11th, 1877
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 1 5
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) June 7, 1933 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Attenberg Mo.

13. NAME Luetje Holscher

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

15. MAIDEN NAME Emilie Thurn

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

17. INFORMANT Mrs. Gilhe Holscher
(ADDRESS) Attenberg, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Attenberg cemetery DATE May 21 - 1936

19. UNDERTAKER Fung & Farnick
(ADDRESS) Parisville, Mo.

20. FILED 5-17-36 Adolph L. Schmidt
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16th, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 13th, 1933, to May 16th, 1936
I last saw him alive on May 15th, 1936 Death is said to have occurred on the date stated above, at 7:00 P.M.

The principal cause of death and related causes of importance were as follows:
Rheumatic Heart Disease Date of onset 2 years
Coronary Decompensation 12 years

Other contributory causes of importance:
Arthritis Recurrent

Name of operation None Date of _____
What test confirmed diagnosis? PLS Was there an autopsy? No

23. If death was due to external cause (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? No
If so, specify _____
(Signed) Theodor Fischer, M. D.
(Address) Attenberg, 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.

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

