

JUL 27 1936

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

Do not use this space.

25068

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
Township _____ Primary Registration District No. 6248B
City Jefferson Barracks (No. _____) Missouri St. _____ Ward _____

File No. _____

Registered No. 209

2. FULL NAME Leo HOLST

(a) Residence, No. _____ St. _____ Ward. Danby, Missouri
(Usual place of abode)
Length of residence in city or town where death occurred un yrs. kno mos. un ds. How long in U. S., if of foreign birth? un yrs. kno mos. un 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 Mrs. Clara Holst

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28, 1897

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
39 0 4

OCCUPATION 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. unavailable
10. Date deceased last worked at this occupation (month and year) unavailable 11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Danby Missouri

FATHER 13. NAME unavailable

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

MOTHER 15. MAIDEN NAME unavailable

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

17. INFORMANT (ADDRESS) M. Schellig Clinical Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Barnhardt DATE June 5, 1936

19. UNDERTAKER (ADDRESS) Barnhardt Ind. Co

20. FILED June 3, 1936 Y. Mowery Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936 to June 2, 1936

I last saw h. im. alive on June 2, 1936 Death is said to have occurred on the date stated above, at 3:50 m. p.m.

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

Tuberculosis, Pulmonary, Chronic, Active, Far Advanced (C) Date of onset unknown

Other contributory causes of importance: None

Name of operation none Date of _____
Phy. exam, laboratory, clinical What test confirmed diagnosis? none 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? _____ (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) C. W. Hughes Chief Medical Officer
(Address) Jefferson Barracks, Missouri

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.

RECORD

