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.

SEP 15 1936

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

Do not use this space.

Registration District No. 791
Primary Registration District No. 1003

File No. 32395
Registered No. 8215

1. PLACE OF DEATH
County
Township
City St. Louis (No. 3026 Semple Ave. St. Ward)

2. FULL NAME August W. Holschen
(a) Residence, No. 3026 Semple Ave. St., 6 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: Golda Holschen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 15th, 1901

7. AGE: Years 35 | Months 3 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Upholsterer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Fischer Body Co.
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): Missouri

FATHER
13. NAME: Herman Holscher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Augusta Leinbach
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT: Golda Holschen
(ADDRESS) 3026 Semple Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Bethlehem Cem. DATE Aug. 7th, 1936

19. UNDERTAKER: Frehmann Funeral
(ADDRESS) 1905 Union Blvd.

20. FILED AUG 6 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 5th 1936

22. I HEREBY CERTIFY, That I attended deceased from May 18th, 1936 to August 5th, 1936
I last saw him alive on Aug. 4th, 1936 Death is said to have occurred on the date stated above, at 11 A.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Oxheart disease, aortic insufficiency, decompensated, 92a

Other contributory causes of importance:
Dilitation of left ventricle.

Name of operation Date of
What test confirmed diagnosis? cli. 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) Luke Timmer, M. D.
(Address) 3718 Jennings Rd
8/5/36