NOV 4 1936

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

Do not use this space.

36279

File No.

Registered No. 9975

1. PLACE OF DEATH

County

Township

City St. Louis (No. 4920 Lindell Blvd. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Herman L. Holschen

(a) Residence, No. St., NR Ward. Frohna, Missouri
(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: Augusta Holschen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 27th, 1866

7. AGE: Years 70 Months 7 Days 3 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

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: Fredrick Holschen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Edward Holschen, 3427 Arlington Ave.

18. BURIAL, CREMATION, OR REMOVAL: New Bethlehem Cem. DATE Oct. 3rd, 1936

19. UNDERTAKER (ADDRESS): Wiehmann Naval, 1905 Union Blvd.

20. FILED OCT 2 1936 J. H. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 30th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sep 28, 1936 to Sep 30, 1936. I last saw him alive on Sep 30, 1936. Death is said to have occurred on the date stated above, at 10 P.m.

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

	Date of onset
Peritonitis	
H.B.	

Other contributory causes of importance: Angina Pectoris & Sclerosis Coronary

Name of operation Rep. Ventral Hernia Date of 9/28

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 or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. J. Smith, M. D.

(Address) 4136 Lindell

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 INKING PENCIL

1 X7044

4930 Lindell 9–11
3624 S. Delaney 2–4