

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

Do not use this space.

**1. PLACE OF DEATH** JUN 12 1937  
 County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **5201, Devonshire**) St. **18298**  
**2. FULL NAME** **Nellie Holschbach**  
 (a) Residence, No. **5201 Devonshire St.** **14** Ward. (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** Female  
**4. COLOR OR RACE** white  
**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) divorced  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** John P. Holschbach  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** April 3 1871  
**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
 66 1 8

**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** house work  
**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.** at home  
**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)** St. Louis Mo.

**13. NAME** Clemens Kreibohm

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Germany

**15. MAIDEN NAME** Alvin Guether

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

**17. INFORMANT (ADDRESS)** Herman Kreibohm 5201 Devonshire Av.

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE **Mo. Crematory** DATE **5-14-37**

**19. UNDERTAKER (ADDRESS)** With Bro. L. Hlo. 2929 1/2 Jefferson Av.

**20. FILED** MAY 13 1937 **J. M. Brudeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** May 11 1937  
**22. I HEREBY CERTIFY** That I attended deceased from **May 20**, 19**37**, to **May 11**, 19**37**  
 I last saw her alive on **May 11**, 19**37**. Death is said to have occurred on the date stated above, at **9:30** a.m.  
 The principal cause of death and related causes of importance were as follows:

**Metastatic Carcinoma of Abdomen & Pungs.** Date of onset

Other contributory causes of importance:  
**Carcinoma of uterus, primary seat in uterus.**

Name of operation **Hysterectomy** Date of **3/11/37**  
 What test confirmed diagnosis **Microscopic** 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?** **No**  
 If so, specify \_\_\_\_\_  
 (Signed) **Dr. Dawson** M. D.  
 (Address) **3115 S. Grand Blvd**

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.

899  
1  
10  
10

