REC'D NOV 17 1938

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

35497
Do not use this space.

1. PLACE OF DEATH

(a) County Cooper
(b) Township
(c) City Boonville
(d) Street Alex Ravenswaay Clinic St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
U.S.

Registration District No. 218
Primary Registration District No. 3015
Registered No. 96

2. PRINT FULL NAME Emil Holsten

(a) Residence, No. St. Concordia Missouri
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Freda Holsten

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 20, 1902

7. AGE: Years 36 | Months 6 | Days 29 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Concordia Mo.

FATHER
13. NAME Martin Holsten
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Concordia Mo.

MOTHER
15. MAIDEN NAME Emelie Alewel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Concordia Mo.

17. INFORMANT Martin Holsten
(ADDRESS) Concordia Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Concordia Mo. DATE Oct 19 1938

19. FUNERAL DIRECTOR (NAME) Frey King & Voigt
(ADDRESS) Concordia Mo.

20. FILED Oct 19 1938 E. Hooper
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1938 to Oct 19, 1938
I last saw him alive on Oct 19, 1938. Death is said to have occurred on the date stated above, at 2 P.M.
The principal cause of death and related causes of importance were as follows:

Severe internal Hemorrhage from duod ulcer

Date of onset

Other contributory causes of importance:
Pneumonia right lung

Name of operation Date of
What test confirmed diagnosis? Clinical 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) [illegible], M. D.
(Address) Boonville, 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.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

Frerking & Voigt, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Frerking & Voigt By E J Frerking

Licensed Embalmer No. 2959-1511

P. O. Address Concordia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.