

REC'D MAY 10 1939

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

791
100313344
Do not use this space.

3686

1. PLACE OF DEATH

- (a) County..... Registration District No.....
(b) Township..... Primary Registration District No..... Registered No.....
(c) City or St. Louis, Mo. (d) Street No. Deaconess Hospital 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.

2. PRINT FULL NAME Anna K. Holthaus

- (a) Residence, No. 4000a Shenandoah St. 17 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Elmo Holthaus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 4 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Illinois13. NAME Henry Weber14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Katherine Schroth16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Elma Goodenough
(ADDRESS) 4017 Cleveland18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE April 21, 193919. FUNERAL DIRECTOR (NAME) Edith E. Ambruster
(ADDRESS) 4234 Manchester20. FILED APR 20 1939
J. F. Buddeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/18/39 .193922. I HEREBY CERTIFY, That I attended deceased from 4/16, 1939, to 4/18/39, 1939I last saw h. or alive on 4/18/39, 1939 Death is saidto have occurred on the date stated above, at 1255 p

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

Apoplexia cerebri

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

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) E. Henry Ross, Professor, M. D.(Address) 10718 East 50th

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

1 X16808

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.

Emily Rose
ca 1111

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....
Flora Eynock

Licensed Embalmer No..... *1284*

P. O. Address..... *St Louis 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.