

SEP 12 1939

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

29103
Do not use this space.

1. PLACE OF DEATH

(a) County Wagoner ³ Registration District No. 296
 (b) Township Union Primary Registration District No. 643 Registered No. _____
 (c) or City _____ (d) Street No. _____ 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 435 Victor R. Holtmeier
Beaufort, Mo. Route # 1 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 30, 1913

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:45 A. M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
25 11 29

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mechanic
 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 _____

Date of onset

Auto Accident
fracture neck, 2/10 yrs

12. BIRTHPLACE (CITY OR TOWN) Beaufort, Mo.
 (STATE OR COUNTRY) Route # 1

Other contributory causes of importance:
Skull Fract. Head on with a Truck

13. NAME August Holtmeier

Name of operation none Date of _____

14. BIRTHPLACE (CITY OR TOWN) Krakov
 (STATE OR COUNTRY) Missouri

What test confirmed diagnosis? Coroner Was there an autopsy? no

15. MAIDEN NAME Ida Siess

23. If death was due to external causes (violence), fill in also the following:

16. BIRTHPLACE (CITY OR TOWN) Beaufort
 (STATE OR COUNTRY) Route # 1

Accident, suicide, or homicide? Accident Date of injury _____, 19____

Where did injury occur? Highway # 50 2 mi. W. Union
 (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) August Holtmeier

Specify whether injury occurred in industry, in home, or in public place.

Beaufort, Mo.

Public Highway # 50

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph Church
Nier, Mo. DATE 9/1/39

Manner of injury Auto Accident

Nature of injury Fracture neck

19. FUNERAL DIRECTOR (NAME) Union Funeral Home
 (ADDRESS) Union, Mo. (Wm. Hopf)

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Phyllis C. Shaffer Coroner

20. FILED P-31- 1939 Lawrence T. Paul M.D.
 Local Registrar.

(Address) Beaufort Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No. 3175

P. O. Address Union, 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.