

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3648

Registration District No. 780

Primary Registration District No. 4466

Registrar's No. 5

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.

1. PLACE OF DEATH:

(a) County STE GENEVIEVE FILED FEB

(b) City or town STE GENEVIEVE

(c) Name of hospital or institution: CONVENT
STE GENEVIEVE MO 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 1 yr 6 mo (Specify whether _____ years, months or days) _____

3. (a) PRINT FULL NAME SISTER MARY EDITH HOLTMAN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased DEC 28 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61 0 27 hr. min.

9. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation TEACHER (ORDER OF SISTERS)

11. Industry or business ST JOSEPH

MOTHER FATHER

12. Name GERHARD H. HOLTMAN

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name CHRISTINE WESTERBEKE

15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Matt Verbruden

(b) Address Duresser Colorado

17. (a) BURIAL (b) Date thereof JAN 27 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STE GENEVIEVE MO

18. (a) Signature of funeral director John S. Bailey

(b) Address St. Joseph, Mo 711

19. (a) Jan 27/40 (b) T.M. Douglas
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE GENEVIEVE

(c) 1808 town STE GENEVIEVE
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25
year 1940 hour _____ minut 10 A. M.

21. I hereby certify that I attended the deceased from Nov 30, 1939, to Jan 25, 1940
that I last saw her alive on Jan 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Myocarditis Duration 2 yr

Due to arterio-sclerosis with hypertension

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (g) Means of injury _____

23. Signature Robert H. Lawrence (M. D. or other) 1
Address St. Joseph, Mo Date signed 1/27/40

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.....

Leo C. Basler....., Registered Apprentice No.....
working under my personal supervision.

Signed *Leo C. Basler*.....

Licensed Embalmer No. *1925*.....

P. O. Address *St. Genevieve 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.