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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 16 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 19052

Registration District No. 7R4 Primary Registration District No. 111 Registrar's No.

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Richmond Hts (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4/14/41 (Specify whether
In this community 5/21/41 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Bollinger 9 0 0
(c) City or town Leopold (If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Hannah Holzum
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Robert Holzum
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Feb. (Month) 28 (Day) 1887 (Year)

8. AGE: Years 54 Months 2 Days 23 If less than one day hr. min.

9. Birthplace Bollinger (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Henry Lenderink
13. Birthplace (City, town, or county) Holland (State or foreign country) 4
MOTHER
14. Maiden name Johana Laarvelt
15. Birthplace (City, town, or county) Holland (State or foreign country) 4
16. (a) Informant R. D. Holzum
(b) Address Leopold, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Leopold, Mo.
18. (a) Signature of funeral director Baker Funeral Home
(b) Address Lutesville, Mo. T. E. Graham
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 21 year 41 hour 9 minute 20 P. M.
21. I hereby certify that I attended the deceased from 4/14/41, 19__, to 5/21, 1941 that I last saw her alive on 9:00 P.M., 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure
Due to Cirrhosis of Liver
Due to 24 P.M.
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Hot nail liver
Of autopsy None

Duration

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Dr. W. G. Moreton (M. D. or other)
Address Date signed 5/21/41

(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, or by ..... Registered Apprentice No. ..... working under my personal supervision.

Signed T. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, Mo

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

**If this body is not embalmed, fact should be so stated above.**