No. 2
-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 220119
Registrar's No. 4931

Registration District No. 791
Primary Registration District No.

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days) In this community 7 DAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Jackson Mo
(If outside city or town limits, write "RURAL")
(d) Street No. RFD 3
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Minnie Wilhelmina Holtz
3. (b) If veteran, name war No
3. (c) Social Security No. None.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Holtz
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Nov (Month) 7 (Day) 1870 (Year)

8. AGE: Years 70 Months 8 Days 6 If less than one day hr. min.

9. Birthplace Murphysboro (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name August Brinkman
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Christina Howes
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant John Holtz
(b) Address Jackson Mo RFD 3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-41 (Month) (Day) (Year)
(c) Place: burial or cremation Cape Girardeau Mo.
18. (a) Signature of funeral director Hamon Funeral Home
(b) Address Cape Girardeau Mo
19. (a) JUN 15 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 year 1941 hour 5 minute 50 p.M.
21. I hereby certify that I attended the deceased from June 6, 1941, to June 13, 1941; that I last saw her alive on June 13, 1941; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Carcinoma of Bronchus, st. c
Due to metastases to liver and kidneys.
Due to
Other conditions Healed infarct of heart
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Arteriosclerosis. Carcinoma of Bronchus

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 Willard D. Rowland (M. D. or other) M.D.
Address BARNES HOSPITAL Date signed 6-14-41

(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 John Ketter

Licensed Embalmer No. 3880

P. O. Address St Louis M

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

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