V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6261

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 11

36
6
2

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

1. PLACE OF DEATH:
(a) County Franklin.
(b) City or town Washington.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri River.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None. (Specify whether
In this community 40 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin 36 6
(c) City or town Washington 2
(If outside city or town limits, write "RURAL")
(d) Street No. 309 Rand St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country X 0

3. (a) PRINT FULL NAME Otto August Holdmeier.

3. (b) If veteran, name war X

3. (c) Social Security No. 493-01-0387

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~XXXXX~~ or wife Cecilia Holdmeier.

6. (c) Age of ~~XXXXX~~ or wife if alive 39 years

7. Birth date of deceased February (Month) 8th, (Day) 1889. (Year)

8. AGE:

Years	Months	Days	If less than one day
53	9	23	hr. min.

9. Birthplace Krakow. (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation Shoe Factory sweeper.

11. Industry or business International Shoe Co.

FATHER
12. Name John D. Holdmeier.
13. Birthplace Krakow. (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name Louisa Droege.
15. Birthplace Krakow. (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant X Mrs Cecilia Holdmeier
(b) Address 309 Rand St., Washington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 5, 1943. (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Nieburg & Vitt Inc. By: Lester H. Vitt
(b) Address Washington, Mo.

19. (a) Feb. 5-43 (Date received local registrar) (b) Lucille Ruether (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1
year 1942 hour Unknown. minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Duration
Came to death by
Due to drowning in the
Due to Missouri River
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) Unknown 36
(b) Date of occurrence Dec 1, 1942
(c) Where did injury occur? Washington (City or town) Franklin (County) Mo (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 Ernst L. Oltman Coroner (M.D. or other)
Address Gerald, Missouri Date signed 2-4-43

(Licensed Embalmer's Statement on Reverse Side)

JUN 22 1955

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 Lester H. Vett, Registered Apprentice No. ..... working under my personal supervision.

Signed Lester H. Vett

Licensed Embalmer No. 3254

P. O. Address Washington, 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, fact should be so stated above.