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

FILED APR 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11516

Registration District No. 214 Primary Registration District No. 5778a Registrar's No.

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

600

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Miller 66
(c) City or town St Elizabeth 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Robert LEE Alphonse Holtmeyer

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M 0
5. Color or race w
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 March (Month) 19 (Day) 1944 (Year)

8. AGE: Years — Months — Days 5 If less than one day hr. min.

9. Birthplace St. Elizabeth (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Otto Holtmeyer
13. Birthplace St Elizabeth (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Emma Dubbert
15. Birthplace St Elizabeth (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Otto Holtmeyer
(b) Address St Elizabeth Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 25 1944 (Month) (Day) (Year)
(c) Place: burial or cremation St. Lawrence Cemetery

18. (a) Signature of funeral director H H Strop
(b) Address Mili Mo

19. (a) 3-24-1944 (Date received local registrar) (b) John E Shoreterman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 24 year 1944 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 19, 1944, to March 24, 1944 that I last saw him alive on March 23, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemorrhagic Cerebral Hemiplegia	4 days
Due to Probably labor	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

160C

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 M. E. Humphreys (M. D. or other) D.O.
Address Luscumbia, Mo. Date signed 3-24-44

499

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 44-43
Date Filed 4-8-44

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 H. H. Strop

Licensed Embalmer No. 2924

P. O. Address Meta 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.