

S. No. 2  
M-5-43  
5-17-39  
I X38671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
7 1846  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33221

State File No. \_\_\_\_\_

Registration District No. 116 Primary Registration District No. 5434 Registrar's No. 109

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

1. PLACE OF DEATH:  
(a) County Franklin.  
(b) City or town Washington, "Rural" St. John's  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: R. #1 W.  
(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 92 yrs. (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Frances Katherine Holdmeyer.  
3. (b) If veteran, name war X 3. (c) Social Security No. X  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Ferdinand G. Holdmeyer. 6. (c) Age of husband deceased if  
7. Birth date of deceased March 9th, 1854  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
92 7 19 hr. min.

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

10. Usual occupation House-work.

11. Industry or business X

MOTHER FATHER  
12. Name Mathias Brinker.  
13. Birthplace Unknown, Germany.  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Meyer.  
15. Birthplace Unknown, Germany.  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert G. Holdmeyer  
(b) Address Washington, Mo. R. #1 W.

17. (a) Burial (b) Date thereof Oct. 31, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Reiburg & Ditt, Inc.  
(b) Address Washington Mo.

19. (a) 10/30/46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Franklin  
(c) City or town Washington "Rural"  
(If outside city or town limits, write "RURAL")  
(d) Street No. R. #1 W.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28th,  
year 1946 hour 2:00 minute 15 P.M.  
21. I hereby certify that I attended the deceased from Dec. 1944  
19   to Oct. 28, 1946;  
that I last saw her alive on Oct. 26, 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the bowels.  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: H+E  
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) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) 0  
Address Washington, Mo. Date signed 10/30/46

DR. A.P. Post

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed. 11/2/46

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 Lester A. Pitt.....

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.**