

STANDARD CERTIFICATE OF DEATH

No. 300  
10-48-

FILED JUL 13 1950

State File No. ....

REG. DIST. NO. 310

PRIMARY REG. DIST. NO. 3058

Registrar's No. 115

1. PLACE OF DEATH a. COUNTY <b>St Charles</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Missouri</b> b. COUNTY <b>St Charles</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Charles</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Rt 3</b>		5920	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Joseph Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>Rural # Rt 3</b>			
3. NAME OF DECEASED (Type or Print) <b>Otto</b>		a. (First)	b. (Middle)	c. (Last) <b>Holtgrieve</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 16 1950</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 11 1874</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Store</b>	11. BIRTHPLACE (State or foreign country) <b>Washington Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John Holtgrieve</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Kossbaum</b>		14. NAME OF HUSBAND OR WIFE <b>Lena Holtgrieve</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Eugene Holtgrieve Rt 3</b> ADDRESS			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Dilatation &amp; hypertrophy of heart</b>					<b>8 years</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Stenosis of mitral &amp; aortic valves due to calcific change</b>					<b>12 years</b>
	DUE TO (c) <b>Granular nephritis (chronic)</b>					<b>10 years</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Peptic ulcer of bloodstomach</b>					<b>2 mo</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		<b>410 X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <b>March, 1942</b> , to <b>June 16, 1950</b> , that I last saw the deceased alive on <b>June 16, 1950</b> , and that death occurred at <b>5:30 P.M.</b> from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <b>C. L. Barnard M.D.</b>			23b. ADDRESS <b>St Charles Mo</b>		23c. DATE SIGNED <b>6/19/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 19 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St John's Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St Charles Mo.</b>			
DATE REC'D BY LOCAL REG. <b>7-7-50</b>	REGISTRAR'S SIGNATURE <b>Kenneth Schmitt</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Nackmann - Paue</b>		ADDRESS <b>St Charles Mo.</b>	

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

RECEIVED JUN 10 1950  
District Health Officer No. 9,  
District File Number



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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3155

P. O. Address St. Vincent

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.