No. 300
10.48

FILED SEP 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31269

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5914 Registrar's No. 57

0790
1

1. PLACE OF DEATH
a. COUNTY Perry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Brazeau
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Perry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Brazeau 0790
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Paul b. (Middle) G. c. (Last) Holschen

4. DATE OF DEATH (Month) (Day) (Year) Aug. 15 1950

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH May 23 1881

9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brewery Employee

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Perry Co, Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Louis Holschen

13b. MOTHER'S MAIDEN NAME Unkown

14. NAME OF HUSBAND OR WIFE Myrtle Holschen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Myrtle Holschen Altenburg Mo. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun Shot Wound Through Heart

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: E 971a X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify) Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm Home

21c. (CITY, TOWN, OR TOWNSHIP) Brazeau Tp (COUNTY) Perry (STATE) Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-15-50-730 A m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Gunshot 32 Cal Through Heart

22. *I hereby certify that I attended the deceased from* Coroner of Perry County, Mo *19__, to* Coroner of Perry County, Mo *19__, that I last saw the deceased alive on* _____ *19__, and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE C M Wiedmann (Degree or title) Coroner of Perry County

23b. ADDRESS Mo. Perryville Mo

23c. DATE SIGNED 8/17/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Aug. 18 1950

24c. NAME OF CEMETERY OR CREMATORY Immanuel Lutheran

24d. LOCATION (City, town, or county) Altenburg Mo. (State)

DATE REC'D BY LOCAL REG. Aug 18 1950

REGISTRAR'S SIGNATURE Joe J Zoellner 250

25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons ADDRESS Perryville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 17 1950

MAY 6 1962

SEP 29 1950

SEP 27 1950

No.....

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Pennsville

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.