S. No. 300
. 10.48

FILED JAN 24 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

745

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 8

5362 U

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

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington
c. LENGTH OF STAY (In this place): 6 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington
d. STREET ADDRESS (If rural, give location): 355 High St.

3. NAME OF DECEASED (Type or Print)
a. (First): ELMER
b. (Middle): HUGO
c. (Last): HOLDMEIER

4. DATE OF DEATH (Month) 1 (Day) 12 (Year) 1951

5. SEX: Male O
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 12-15-1933
9. AGE (In years last birthday): 17 — If under 1 year: Months 0, Days 27 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor - Common
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Factory
11. BIRTHPLACE (State or foreign country): Washington U
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry J. Holmeier
13b. MOTHER'S MAIDEN NAME: Emma L. Strubberg
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 488-34-4730
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Henry Holdmeier — ADDRESS: 355 High St. Washington, Mo.

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): Laceration + maceration Brain — INTERVAL BETWEEN ONSET AND DEATH: 4 mos 12 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Trauma, Auto accdt — 4 mos 12 days
DUE TO (c): — E8194

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None — 31

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 036
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Washington Mo
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Washington Franklin Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Automobile Crash F.O.

22. *I hereby certify that I attended the deceased from* Aug 2, 1950, *to* Jan 12, 1951, *that I last saw the deceased alive on* Jan 12, 1951, *and that death occurred at* 8:8 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Washington Mo
23c. DATE SIGNED: 1-15-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial U
24b. DATE: 1-16-1951
24c. NAME OF CEMETERY OR CREMATORY: St. Francis Borgia Cemetery
24d. LOCATION (City, town, or county) (State): Washington Missouri

DATE REC'D BY LOCAL REG.: Jan. 15, 1951
REGISTRAR'S SIGNATURE: [signature] 94
25. FUNERAL DIRECTOR'S SIGNATURE: Otto & Co. F.H. by M. Willenbrink — ADDRESS: Washington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JAN 20 1951
DISTRICT HEALTH OFFICE No. 4
File 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 ..... Student Embalmer No. ..... working under my personal supervision.

Student ..... Student Embalmer

Signed M. H. Willenbrink

Licensed Embalmer No. 4511

P. O. Address Washington Missouri

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.