

FILED DEC 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38435

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 307 PRIMARY REG. DIST. NO. 6046 Registrar's No. 33

1. PLACE OF DEATH <u>Home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <u>St Charles</u>	b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Wentzville Conway 2 yr</u>	c. LENGTH OF STAY (in this place) <u>2 yr</u>	d. STREET ADDRESS (If rural, give location) <u>0920</u>
a. STATE <u>Mo</u>		b. COUNTY <u>St Charles</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>William</u>	b. (Middle) <u>Fred</u>	c. (Last) <u>Holtman</u>	<u>Nov. 18 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 27 1904</u>		9. AGE (in years last birthday) if under 1 year if under 1 mo. if under 1 wk. <u>50</u> Months <u>22</u> Days <u>22</u> Hours <u></u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Foristell Mo. RR</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>William Holtman</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Geldner</u>	
14. NAME OF HUSBAND OR WIFE <u>Clara A. Holtman</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Clara A. Holtman</u>		ADDRESS <u>Wentzville Mo. RR</u>		INTERVAL BETWEEN ONSET AND DEATH	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Exsanguination</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Hemorrhaging Peptic Ulcer of Stomach</u>		<u>1 mo.</u>	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>		<u>5 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5400</u>		20. AUTOPSY? YES <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Sept 25, 1954, to Nov 18, 1954, that I last saw the deceased alive on Nov 17, 1954, and that death occurred at 4 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W E Borgesen</u>		(Degree or title)		23b. ADDRESS <u>Do. X Wentzville</u>		23c. DATE SIGNED <u>11-24-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 21-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cappelen Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Foristell RR Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov 30/54</u>		REGISTRAR'S SIGNATURE <u>Walt F. B.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>T. E. Pitman</u>		ADDRESS <u>Funeral Home</u>	

(Licensed Embalmer's Statement on Reverse Side) Wentzville Mo.

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

No. 300  
10. 48  
0 920

**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 \_\_\_\_\_

*Salter J. Oltman*

Student Embalmer No. *497*

working under my personal supervision.

Student

*Salter J. Oltman*  
Student Embalmer

Signed

*Ametta M. Titman*

Licensed Embalmer No. *3055*

P. O. Address *Kenningville W.*

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.