

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20973

STATE FILE NUMBER

FILED JUL 10 1956

Registration District No. 162 Primary Registration District No. 8290 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rock Township</b>		c. CITY OR TOWN <b>Kimmswick</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Hy#61, Imperial, Mo.</b>		d. STREET ADDRESS (If outside, give location) <b>Kimmswick, Mo.</b>	
3. NAME OF DECEASED (Type or print) First <b>Clarence</b> Middle <b>F</b> Last <b>Holtgrave</b>		4. DATE OF DEATH Month <b>June</b> Day <b>23</b> Year <b>1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 2 1903</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Garage</b>	9. AGE, (In years last birthday) <b>52</b>
13. FATHER'S NAME <b>Unknown</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</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>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
16. SOCIAL SECURITY NO. <b>494-01-7105</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
17. INFORMANT <b>Julia Holtgrave, Kimmswick, Mo.</b>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Juncy Verdict Natural Causes</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? <b>7954</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Leo Church acting Coroner</b>		22b. ADDRESS <b>702 Taylor Crystal City Mo</b>	22c. DATE SIGNED <b>6-25-56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 27-56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Joseph's</b>	23d. LOCATION (City, town, or county) (State) <b>Kimmswick Mo.</b>
24. FUNERAL DIRECTOR <b>Heiligtag Funeral Home, Imperial, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6-30-1956</b>	26. REGISTRAR'S SIGNATURE <b>Ruth Jirsa</b>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

OS. F. C. 9067

DATE RECEIVED

JUL 5 1956

JUL 5 1956

JUL 10 1956

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.....  
Signature of Student Embalmer

Signed *Elmer Heiligtag*

Licensed Embalmer No. 35

P. O. Address *Imperial*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.