

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **23293**

**FILED JUL 30 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 159

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Franklin</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>		c. CITY OR TOWN <u>Gerald</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		STREET ADDRESS (If rural, give location) <u>R R</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Louise</u> c. (Last) <u>Holtgrewe</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>July 22 1956</u>		
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>June 21 1871</u>	<b>9. AGE</b> (In years last birthday) <u>85</u>	<b>IF UNDER 1 YEAR</b> Months <u>1</u> Days <u>1</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>House work</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>House work</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Gerald, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>

<b>13a. FATHER'S NAME</b> <u>Harman Kemper</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Don't Know</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Fred Holtgrewe</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b> (If yes, give war or dates of service) <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Oscar Holtgrewe</u> ADDRESS <u>Gerald, Mo.</u>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral thrombosis</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>10 days</u>
	<b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arterial Sclerosis</u>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Age</u>		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT-SUICIDE-HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>332X</u>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from 7-11, 1956 to 7-22, 1956 that I last saw the deceased alive on 7-22, 1956 and that death occurred at 11:20 P.M., from the causes and on the date stated above.**

<b>22a. SIGNATURE</b> (Signature or title) <u>[Signature]</u>	<b>22b. ADDRESS</b> <u>Gerald</u>	<b>22c. DATE SIGNED</b> <u>7-23-56</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>7/25/56</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Ebenezer Stone Church</u>
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Gerald, Franklin, Mo.</u>		

<b>DATE REC'D BY LOCAL REG.</b> <u>7/23/56</u>	<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>[Signature]</u> ADDRESS <u>Funeral Home Gerald Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

**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..... *E. H. Ottmann* .....

Licensed Embalmer No. *168* .....

P. O. Address *Hannover* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.