

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021461

STATE FILE NUMBER

FILED JUN 16 1958

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 174

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Washington</u> 3620 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION <u>629 W. 8th St.</u> Length of stay in 1b <u>2 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>629 W. 8th St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Helen</u> Middle <u>A.</u> Last <u>Holtmeier</u>			4. DATE OF DEATH Month <u>June</u> Day <u>9</u> Year <u>1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 28, 1891</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, or in if retired) <u>Home Maker</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	9c. BIRTHPLACE (City and state or country) <u>Krakow, Missouri</u>
10a. FATHER'S NAME <u>August Schroeder</u>		10b. MOTHER'S MAIDEN NAME <u>Rose Wamhoff</u>	10c. NAME OF HUSBAND OR WIFE <u>Florenz A. Holtmeier</u>
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u>No</u>		12. SOCIAL SECURITY NO. <u>none</u>	13. INFORMANT <u>Florenz A. Holtmeier</u> Address <u>Washington, Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> DUE TO (b) <u>Arterio-sclerotic C-V Disease</u> DUE TO (c) <u>4201</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) <u>none</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>16 July 1949</u> to <u>9 June 58</u> and last saw her <u>alive on 9 June 58</u> Death occurred at <u>9 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>RWB Boren, MD</u>		22b. ADDRESS <u>Washington, Mo</u>	22c. DATE SIGNED <u>10 June 58</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>June 12, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Gertrude's Cemetery</u>	23d. LOCATION (City, town, or county) <u>Krakow, Missouri</u>
24. FUNERAL DIRECTOR <u>Hickberg & Witt, Washington, Mo</u>	25. DATE RECD. BY LEGAL REC. <u>6/10/58</u>	26. REGISTRAR'S SIGNATURE <u>J.P. Schumann, J.P. Schumann</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

path, Welfare public service

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All diseases in Part I must be causally related.

MS
DEC
7
1960

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 *Lester A Witt*

Licensed Embalmer No. *3254*

P. O. Address *Washington, D.C.*

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.