

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023395
STATE FILE NUMBER

Filed JUN 27 1958 Registration District No. 318 Primary Registration District 1003 Registrar's No. 6345

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ALENIAN HOSP.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 2247 1936 WINNEBAGO
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First EMIL Middle JOHN Last HOLTGREVE			4. DATE OF DEATH Month JUNE Day 20 Year 1958		
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5. SEX MALE <input type="checkbox"/>	6. COLOR OR RACE WHITE <input type="checkbox"/>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG. 22, 1892	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIGHT WATCHMAN		10b. KIND OF BUSINESS OR INDUSTRY ST. LOUIS POLICE		11. BIRTHPLACE (City and state or country) KRAKOW, MO. <input type="checkbox"/>		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
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13. FATHER'S NAME HENRY HOLTGREVE		14. MOTHER'S MAIDEN NAME MINNIE LINDHORST	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 489-18-1456	17. INFORMANT MRS. AMANDA HOLTGREVE		Address ST. LOUIS	
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>acute myocardial infarction with perforation of septation</i> DUE TO (b) <i>chronic coronary artery disease of the heart</i> DUE TO (c) <i>old acute coronary artery disease of heart</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a)			INTERVAL BETWEEN ONSET AND DEATH <i>about 2 weeks, several years.</i>		
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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.) 4201				
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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.) 1001m				
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20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE				
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21. I attended the deceased from *June 19 5:15 p.m.* to *June 20 12:30 p.m.* and last saw her alive on *June 20-58*
Death occurred at *12:30 p.m.* on the *20* day stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>E. F. Oltmann</i> (Degree or title)		22b. ADDRESS 3606 Harris		22c. DATE SIGNED 6/23/58	
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE JUNE 24, 1958	23c. NAME OF CEMETERY OR CREMATORY UNION CEMETERY	23d. LOCATION (City, town, or county) (State) UNION MO		
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24. FUNERAL DIRECTOR E. F. OLTMANN ADDRESS UNION, MO.		25. DATE RECD. BY LOCAL REG. JUN 23 '58	26. REGISTRAR'S SIGNATURE <i>Carl Smith</i>		
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service
300 1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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... *Ralph Ottmann*

Licensed Embalmer No. *480*

P. O. Address *Union, N.J.*

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.