

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-019982  
STATE FILE NUMBER

FILED JUN 9 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1500

300  
1-57

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

3. NAME OF DECEASED (Type or print) First <b>HELEN</b> Middle <b>HOLDMEIER</b> Last <b>HOLDMEIER</b>			4. DATE OF DEATH Month <b>MAY</b> Day <b>30</b> Year <b>1959</b>		
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JAN. 1, 1900</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>29</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INVALID</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>VILLA RIDGE, MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>HENRY HOLDMEIER</b>	13b. MOTHER'S MAIDEN NAME <b>GERTRUDE LENAU</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>OTTO RASCH</b>	Address <b>BRENTWOOD, MO.</b>
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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) <b>Adenocarcinoma of the rectum</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) <b>154X</b>
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20c. TIME OF INJURY Hour _____ Month, Day, Year a.m. _____ p.m. _____
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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 <b>UNION</b>	COUNTY <b>FRANKLIN</b>	STATE <b>MO.</b>
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21. I attended the deceased from **May 12, 1959** to **May 30, 1959** and last saw her alive on **May 29, 1959**  
Death occurred at **6:30 AM** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>George S. [Signature]</i>	(Date of title) <b>M.D.</b>	22b. ADDRESS <b>1177 1/2 Manchester Rd. No. St. Louis, Mo.</b>	22c. DATE SIGNED <b>6-1-59</b>
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23a. NAME OF CREMATORY <b>BURIAL</b>	23b. DATE <b>6-2-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ST. JOHNS GILDEHAUS CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>VILLA RIDGE, MO.</b>
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24. FUNERAL DIRECTOR <b>OLTMANN FUNERAL HOME</b>	ADDRESS <b>UNION, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>6-1-59</b>	REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Oltmann* .....

Licensed Embalmer No. *4808* .....

P. O. Address *Union, Mo.* .....

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.