URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 2 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11396

60-043706 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Missouri
Length of stay in 1b: 6 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Firmin Desloge Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Kirkwood
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 915 Cleveland
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Elmer Middle: R. Last: Holzmeier
4. DATE OF DEATH: Month: 11 Day: 24 Year: 1960
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-23-1900
9. AGE (last birthday): 59
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter-Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Murch-Jarvis Co.
11. BIRTHPLACE (City and state or country): Crystal City, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Jacob Holzmeier
13b. MOTHER'S MAIDEN NAME: Mary Brinkerhoff
14. NAME OF HUSBAND OR WIFE: Garnet Holzmeier
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Kirkwood Mo. Address: Garnet Holzmeier-915 Cleveland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Occlusion of Coronary Artery — 2 days
DUE TO (c): Arteriosclerotic Cardiovascular Disease — 2½ yrs +
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Aneurysm abdominal aorta (repaired 2½ yrs)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): 420.1
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 November 19, 1960 to November 24, 1960 and last saw her/him alive on Nov. 24, 1960
Death occurred at 11:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE (Degree or title): C. Collins Hawkins M.D.
22b. ADDRESS: 1325 S. Grand St. Louis, Mo.
22c. DATE SIGNED: 11/25/60
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-28-1960
23c. NAME OF CEMETERY OR CREMATORY: Laurel Hill Gardens
23d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.
24. FUNERAL DIRECTOR ADDRESS: Pfitzinger Mort-Kirkwood 22, Mo.
25. DATE RECD. BY LOCAL REG.: NOV 28 1960
26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.