

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED JUN 16 1941

STANDARD CERTIFICATE OF DEATH

State File No. 19052

Registration District No. 784 Primary Registration District No. 111 Registrar's No.

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Rolling Mt.
(c) Name of hospital or institution: St. Mary's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4/14/41
In this community 5/21/41 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Bollinger
(c) City or town Leopold
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Hannah Holzum
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 5 day 9 year 41 hour 9 minute 20 P. M.
21. I hereby certify that I attended the deceased from 4/14/41 to 5/21/41 that I last saw her alive on 9:20 P.M. and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Robert Holzum 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Feb. 28 1887
(Month) (Day) (Year)

Immediate cause of death Cardiac failure
Due to Cirrhosis of Liver
Due to 124 P.M.
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations Hot nail down
Of autopsy None

8. AGE: Years Months Days If less than one day
54 2 23 hr. min.

9. Birthplace Bollinger Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Lendarink
13. Birthplace Holland 4
(City, town, or county) (State or foreign country)
14. Maiden name Johana Laarvelt
15. Birthplace Holland 4
(City, town, or county) (State or foreign country)

16. (a) Informant R.D. Wagner
(b) Address Leopold, Mo.

17. (a) Burial (b) Date thereof May 24, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Leopold, Mo.

18. (a) Signature of funeral director Baker Funeral Home
(b) Address Lutesville, Mo. J. E. Graham

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature W. J. ... (Specify type of place) (e) Means of injury _____
Address _____ (M. D. or other) _____
Date _____

Duration
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

5/21/41

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

Registered Apprentice No.

working under my personal supervision.

Signed

J. E. Abraham

Licensed Embalmer No. 4010

P. O. Address

Putnamville, W. Va.

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 this body is not embalmed, fact should be so stated above.