

1939 DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. 33512 Registrar's No. 1584

Registration District No. 200 Primary Registration District No. 200

1. PLACE OF DEATH: (a) County St. Louis (b) City or town Overland (c) Name of hospital or institution: 3601 Gorden Ave (d) Length of stay: In hospital or institution 6 yrs

2. USUAL RESIDENCE OF DECEASED: (a) State Mo (b) County St. Louis (c) City or town Overland (d) Street No. 3601 Gorden (e) If foreign born, how long in U. S. A. ? years.

3. (a) PRINT FULL NAME Christina Holzum (b) If veteran, name war. (c) Social Security No. (d) Date of death: Month 5 day Sept. year 1939 hour 1 minute 40 M.

4. Sex Female (b) Name of husband or wife John Holzum (c) Age of husband or wife if alive years (d) I hereby certify that I attended the deceased from July 3, 1939, to Sept 5, 1939; that I last saw her alive on Sept 4, 1939; and that death occurred on the date and hour stated above.

5. Color or race White (a) Single, widowed, married, divorced, widowed (b) Birth date of deceased Mar 3 1862 (c) Age of husband or wife if alive years

6. (a) Single, widowed, married, divorced, widowed (b) Birth date of deceased Mar 3 1862 (c) Age of husband or wife if alive years

7. Birth date of deceased Mar 3 1862 (Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 2 If less than one day hr. min.

9. Birthplace Evansville Indannia (City, town, or county) (State or foreign country)

10. Usual occupation Housewife (1)

11. Industry or business home (2)

12. Name George Iffink (3)

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Dont Know (4)

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature (b) Address 3601 Gorden

17. (a) Burial (b) Date thereof Sept 7 1939 (c) Place: burial or cremation Leopold Mo

18. (a) Signature of funeral director Ortman Funeral Home (b) Address 9222 Lackland Overland Mo

19. (a) (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day Sept. year 1939 hour 1 minute 40 M.

21. I hereby certify that I attended the deceased from July 3, 1939, to Sept 5, 1939; that I last saw her alive on Sept 4, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis - Hy per tension

Due to: Pneumonia Bronchop Sept 1 -

Other conditions: 107 W (include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy: None

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? (d) Did injury occur in or about home, on farm, in industrial place, in public place? While at work? (Specify type of place) (e) Means of injury.

23. Signature Roy A. Walker (M. D. or other) Address 2438 Woodson Rd. Date signed 9-5-39

SEP 6 1939 (Licensed Embalmers' Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X 3131

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..... *Al. C. Artman*

Licensed Embalmer No. *3478*

P. O. Address.....

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, above space should be left blank.