

MAY 13 1935

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

14594

## 1. PLACE OF DEATH

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **Missouri Baptist Hospital**)

File No.....  
 Registered No. **3427** St. .... Ward)

2. FULL NAME **Samuel Holzer**

(a) Residence, No. .... St. **NR** Ward. **California, Mo.**  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Minnie Holzer**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 28 1863**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**71 6 16**

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. **Retired Salesman**  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **Ohio**  
 (STATE OR COUNTRY)

13. NAME **Ursa Holzer**

14. BIRTHPLACE (CITY OR TOWN) **Switzerland**  
 (STATE OR COUNTRY)

15. MAIDEN NAME **Marie Emch**

16. BIRTHPLACE (CITY OR TOWN) **Switzerland**  
 (STATE OR COUNTRY)

17. INFORMANT **Mrs. R. G. Rucker**  
 (ADDRESS) **282 N. Taylor**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **California Mo** DATE **April 16, 1935**

19. UNDERTAKER **Albert H. Higgs Inc**  
 (ADDRESS) **414 S. Central St. St. Louis Mo**

20. FILED **APR 15 1935**  
**Bruckner**  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 14, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **April 14**, 19**35** to **April 14**, 19**35**  
 I last saw him alive on **April 14**, 19**35** Death is said to have occurred on the date stated above, at **11:30** a.m.  
 The principal cause of death and related causes of importance were as follows:

**Cerebral hemorrhage** Date of onset **April 14**  
**Anterior extension**  
 Other contributory causes of importance: **Several years**

Name of operation **None** Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify.....  
 (Signed) **H. H. Moore**, M. D.  
 (Address) **402 Wall Plaza**

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.

