MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38359

1. PLACE OF DEATH
County St Louis — Registration District No. 1170
Township — Primary Registration District No. 6248H
City Richmond Hts No. (No. 2317 Bellview St. Ward)
File No.
Registered No. 285

2. FULL NAME Julia Holden
(a) Residence No. 2317 Bellview St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF John W. Holden

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 30 1872

7. AGE: Years 57 — Months 2 — Days 13 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer At Home

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

PARENTS
10. NAME OF FATHER Patrick O'Connell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Ellen Leonard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT John W. Holden
(Address) 2317 Bellview

15. FILED 11/14 1929 C. L. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 13 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1929, to Nov 13, 1929 that I last saw her alive on Nov 12, 1929 and that death occurred, on the date stated above, at 3:12 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Mellitus
59
132A
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Nephritis
Nat Known
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Benedict Test
(Signed) Jno. H. Cawood, M. D.
, 19 (Address) 3525 N Grand Blvd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary — DATE OF BURIAL: Nov. 16 1929

20. UNDERTAKER: Bensieck-Niehaus — ADDRESS: 1138 No. 6th

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.

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6
235
1
15
2
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