

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

Do not use this space.

7077

1. PLACE OF DEATH

County.....

Registration District No.

Township.....

Primary Registration District No. **701**

City St. Louis (No. 1475 Burd Ave)

File No.

Registered No. **1354**

St. Ward)

2. FULL NAME

(a) Residence. No. 1475 Burd Ave St. 9 Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jessie B. Holt</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 15, 1859</u>		
7. AGE	YEARS	MONTHS
	<u>71</u>	<u>6</u>
		<u>17</u>
	If LESS than 1 day, hrs. or min.	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Carpenter 29

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer Union Electric Co

9. BIRTHPLACE (CITY OR TOWN)..... Ohio

(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Robt Holt</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>

14. INFORMANT Jessie B Holt

(Address) 1475 Burd Ave

15. FILED FEB -3 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 2 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1931, to Feb. 2, 1931 that I last saw him alive on Feb. 2, 1931, and that death occurred, on the date stated above, at 6 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108
1106 Acute Lobar Pneumonia
(duration) 1 yrs. 3 mos. 3 ds.

CONTRIBUTORY (SECONDARY) Pleurisy
(duration) yrs. mos. 7 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? None

(Signed) Edwin P. Meiners, M. D.
Feb. 2, 1931 (Address) 6600 Delmar 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 Memorial Park Cem DATE OF BURIAL Feb. 4, 1931

20. UNDERTAKER Drehmann Haral ADDRESS 1905 Union

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

6600 Delmar

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