

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

Do not use this space.

2310

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 790  
 2 Township Central Primary Registration District No. 6033  
 1 City Clayton (No. 626 Forest Court) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 626 Forest Court 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 Male 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 Hannah Smith Holt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 - 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
52 X 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchandise  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Broker 131  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

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

13. NAME John J. Holt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Elenor Boyd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

17. INFORMANT S. M. Tipton

(ADDRESS) 6325 Ellenswood Ave Clayton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery Jan 23, 1932

19. UNDERTAKER C. P. Tipton & Sons

(ADDRESS) 4449 Olive St

20. FILED Jan 22, 1932 H. W. Sullivan Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21st, 1932

22. I HEREBY CERTIFY, that I attended deceased from Nov 8, 1931, to Jan 21, 1932  
 I last saw him alive on Jan 17, 1932 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:

Lympho-sarcoma of lung  
47B  
 Date of onset Nov 1932

Other contributory causes of importance: 47B

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Yes Was there an autopsy? No

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) A. M. Traub (Frank) M. D.  
 (Address) 214 W. Olive St

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.

FEB 24 1932

M. Theatre Bely

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