

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

Do not use this space.

2790

1. PLACE OF DEATH

County.....

Registration District No. 7-3-11

Township.....

Primary Registration District No. 11

City St. Louis (No. 13663) City Hospital

File No.
Registered No. 492
St. Ward)

2. FULL NAME

Roy Holden

(a) Residence, No. St. Francis Hotel 25 St.

(Usual place of abode) 604 Chestnut St.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 0 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) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF [Signature]

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12 - 1887

7. AGE YEARS 45 MONTHS — DAYS 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. International Shoe Co

10. Date deceased last worked at this occupation (month and year) Aug 19 31 11. Total time (years) spent in this occupation 10

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

13. NAME Frank Holden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Marie Farel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

17. INFORMANT (ADDRESS) Hospital information

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Jan 16 1932

19. UNDERTAKER (ADDRESS) Stehmann & Hazel 1805 Union Blvd

20. FILED Jan 15 1932 May Starck Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15th 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6 1931 to Jan. 15th 1932
I last saw him alive on Jan. 15th 1932 Death is said to have occurred on the date stated above, at 4:35 A.M.
The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs
Kidneys + Prostate

Other contributory causes of importance:
23A 23B 23C

Name of operation Tuberc. Date of Jan 15 1932
What test confirmed diagnosis Tuberc. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury Jan 15 1932, 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 ①
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Yes
(Signed) W. J. Kelly M. D.
(Address) City Hospital

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

