

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

Do not use this space.

JUL 8 - 1937

791

22006

1. PLACE OF DEATH  
City St. Louis Registration District No. 791  
Township Missouri Primary Registration District No. 1003  
City St. Louis (No. 3816a St. Louis Ave.)  
2. FULL NAME John J Holden  
(a) Residence, No. 3816a St. Louis Ave. Ward. 11  
(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.

File No. 22006  
Registered No. 5758  
St. 11 Ward 11

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-29-1864  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 73 4 10  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tobacco worker  
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) (STATE OR COUNTRY) Alton Illinois

FATHER 13. NAME John Holden  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Mary Holden  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs Frank Hanley  
(ADDRESS) 3816a St. Louis Ave

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Calvary DATE June 12th 1937

19. UNDERTAKER Sullivan  
(ADDRESS) 2848 N. Euclid

20. FILED JUN 11 1937  
J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9 1937

22. I HEREBY CERTIFY That I attended deceased from 6-9-1937, to 6-9-1937

I last saw him alive on 6-9-1937. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of rectum Date of onset ?

Other contributory causes of importance: JHP

Name of operation ? Date of ?

What test confirmed diagnosis? ? 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? No

If so, specify ?

(Signed) J. H. Feller, M. D.

(Address) 3611 St. Louis Ave.

WRITE PLAINLY WITH UNODING 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.

MARGIN RESERVED FOR BINDING

V. S. N. 47  
50M-10-22-46  
X3314

10 344

Dr. H. H. Feller 11:55 to 1 pm

3611 Orleans Ave.

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