

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

417
Do not use this space.

FEB 12 1938

1. PLACE OF DEATH

(a) County St. Louis, Mo. Registration District No. 791
 (b) Township St. Louis Primary Registration District No. 1008 Registered No. 273
 (c) City Saint-Louis (d) Street No. St. Marys Infirmary St.
 (e) Length of residence in city or town where death occurred Unavailable (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Amos Holton. 435

(a) Residence, No. 4125 W. Bell Pl. St. III
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE Colord 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, ~~WIDOWED OR DIVORCED~~ HUSBAND OF Hazel Holton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 11, 1908

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
29 19 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Custodian
 9. Industry or business in which work was done, as saw mill, bank, etc. Public Schools
 10. Date deceased last worked at Dec. 24 Total time (years) spent in this occupation 4 yrs.

12. BIRTHPLACE (CITY OR TOWN) Unavailable
 (STATE OR COUNTRY) Georgia.

FATHER 13. NAME Sam Holton.

14. BIRTHPLACE (CITY OR TOWN) Unavailable
 (STATE OR COUNTRY) Georgia.

MOTHER 15. MAIDEN NAME Unavailable

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

17. INFORMANT Hazel Holton.
 (ADDRESS) 4125 W Bell Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park on Jan 8, 1938

19. FUNERAL DIRECTOR Chas. Gates & Co.
 (ADDRESS) 4107 Finney Avenue.

20. FILED 8 19 1938
J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/2 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/24 1937 to 1/2 1938
 I last saw him alive on 1/2 1938. Death is said to have occurred on the date stated above, at 3:28 p.m.
 The principal cause of death and related causes of importance were as follows:

Rabes Pneumonia Date of onset 12/24/37
108
 Other contributory causes of importance:
none

Name of operation none Date of
 What test confirmed diagnosis? Was there an autopsy?

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) D. J. D. O'Connell, M. D.
 (Address) 2136 Chestnut

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state any supplies.

STATEMENT BY LICENSED EMBALMER

I, Louis V. Atkins, Licensed Embalmer No. 2842

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No. 2842

working under my personal supervision.

Signed Louis V. Atkins

Licensed Embalmer No. 2842

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)