

DEC'D NOV 16 1938

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

33947

Do not use this space.

**1. PLACE OF DEATH**

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City **St. Louis Mo.** (d) Street No. **EARNES HOSPITAL** Registered No. **8932**  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Edward Burton Holley

(a) Residence, No. 5753 Theodasia St. 6 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> Male	<b>4. COLOR OR RACE</b> White	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)</b> Married
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b> Florence Holley		
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> Dec. 26, 1861		
<b>7. AGE</b>	<b>YEARS</b> 76	<b>MONTHS</b> 9
	<b>DAYS</b> 13	<b>IF LESS than 1 day, .....hrs. or .....min.</b>
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.</b> Driver	
	<b>9. Industry or business in which work was done, as saw mill, bank, etc.</b> St. Louis Zoo.	
	<b>10. Date deceased last worked at this occupation (month and year)</b> March 1930	<b>11. Total time (years) spent in this occupation</b>
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b>	Davenport Iowa	
<b>FATHER</b>	<b>13. NAME</b> Unknown	
	<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> Unknown	
<b>MOTHER</b>	<b>15. MAIDEN NAME</b> Unknown	
	<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> Unknown	
<b>17. INFORMANT (ADDRESS)</b> Edward B. Holley Jr. 763 Walton Avenue		
<b>18. BURIAL, CREMATION, OR REMOVAL</b>		
PLACE <u>Valhalla Crematory</u> DATE <u>Oct 13</u> 1938		
<b>19. FUNERAL DIRECTOR (NAME) (ADDRESS)</b> Shepard Funeral Home 1167 Hamilton Ave		
<b>20. FI</b>	<u>OCT 13 1938</u> <u>J. Bredeck</u> Local Registrar	

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 10-9-38 19

**22. I HEREBY CERTIFY**, That I attended deceased from 9-7-38, 19, to 10-9-38, 19.

I last saw him alive on 10-9-38, 19. Death is said to have occurred on the date stated above, at 6:55 pm.

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

Degenerative heart disease

Date of onset 1937

Oct. 1

Other contributory causes of importance:  
Cardiac Decompensation  
Pneumo-pneumonia

Name of operation..... Date of.....  
 What test confirmed diagnosis? Autopsy 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..... 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) F. R. Bradley, M. D.  
 (Address) BARNES HOSPITAL

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed Grey W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address .....

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

**If this body is not embalmed, above space should be left blank.**