

REC'D FEB 10 1939

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

791
1003153
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 1
(b) Township..... Primary Registration District No. NR
(c) City..... (d) Street No. BARNES HOSPITAL Registered No. 153
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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

423 BENJAMIN BALDWIN HOLSTON
(a) Residence, No. 320 W. ST. LOUIS St. NR Nashville, Ill.
(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Irene Watts Holston

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 1 25

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Attorney at law
9. Industry or business in which work was done, as 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) Nashville Ill.13. NAME Henry Holston14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany15. MAIDEN NAME Charlotte Wernke16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany17. INFORMANT James Holston (ADDRESS) Nashville Ill.18. BURIAL, CREMATION, OR REMOVAL PLACE Nashville Ill. DATE Jan. 6, 193919. FUNERAL DIRECTOR (NAME) Albert H. Hoops Inc. (ADDRESS) 4700 Washington Blvd.20. FILED JAN 4 1939 J. B. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4, 193922. I HEREBY CERTIFY, That I attended deceased from 1-3, 1939, to 1-4, 1939I last saw him alive on 1-4, 1939. Death is said to have occurred on the date stated above, at 9:10 P.M.

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

Arteriosclerotic Heart Disease Date of onset 1938

Other contributory causes of importance:

Name of operation none 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? noIf so, specify Paul O. Hageman M. D. (Signed)(Address) BARNES HOSPITAL

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.

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.....

Robert G. Hopper

Licensed Embalmer No.....

2971

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.