

20388
Do not use this space.

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

20388
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City **St. Louis Mo.** (d) Street No. **St. John Hospital** St.
(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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Charles D. Holden
(a) Residence, No. **2650 Oregon Ave.** St. **23** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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, DIVORCED, OR SEPARATED, GIVE NAME OF HUSBAND OF (OR) WIFE OF **Elizabeth Holden**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 25 1882**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 5 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Interior Decorator**
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) **Vicksburg Miss.**

FATHER 13. NAME **David Holden**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Vicksburg Miss.**

MOTHER 15. MAIDEN NAME **Sarah Burke**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Elizabeth Holden 2650 Oregon Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **June 12 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Thos. J. Budach 2906 Gravois Ave.**

20. FILED **JUN 11 1939** **J. F. Budach** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 9 1939**

22. I HEREBY CERTIFY, That I attended deceased from **4/1**, 19**35**, to **6/9**, 19**39**
I last saw him alive on **6/9**, 19**39**. Death is said to have occurred on the date stated above, at **10 30 PM**
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis (Hypertensive) Hypertension Congestive Heart Failure
Date of onset **1937**
Uremia, post-renal, calculous Nephrosis
Date of onset **5/1/39**
Other contributory causes of importance **6/2/39**

Name of operation **all tests** Date of **6/2/39**
What test confirmed diagnosis? Was there an autopsy? **2**

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? **2**
If so, specify **John J. Hennelly**, M. D.
(Signed) **John J. Hennelly** (Address) **3115 St. Louis St. St. Louis**

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.

1 X16603

Hennelly

NO. OF ...
... OF ...

... OF ...
... OF ...

...
...

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.....

Leo Budde

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Leo Budde

Licensed Embalmer No. *3989*

P. O. Address *St. Louis, Mo*

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.