V 7

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.

DEPARTMENT OF COMMERCE
1939 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40816

Registration District No. 7820 (DEC 9 1939)

Primary Registration District No. 20

Registrar's No. 1949

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Overland
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lacland & Flora 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri / (b) County: St. Louis

(c) City or town: St. Johns Station
(If outside city or town limits, write "RURAL")

(d) Street No.: 8721-Caroline Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME: William Russell Holbert 416

3. (b) If veteran, name war: ____

3. (c) Social Security No.: ____

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: ____

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: April (Month) 12 (Day) 1918 (Year)

8. AGE: Years 21 | Months 6 | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace: St. Johns Station (City, town, or county) Mo. (State or foreign country) 0

10. Usual occu[redacted]: Painter 0

11. Industry or bu[redacted]: 0

FATHER
12. Name: [redacted]harles W. Holbert
13. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name: Lillian Meyers
15. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature: Lillian Meyers
(b) Address: 8721-Caroline St. Johns Sta. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-7-39 (Month) (Day) (Year)
(c) Place: burial or cremation: Lake Charles Park

18. (a) Signature of funeral director: Baumann Bros Inc.
(b) Address: 2504 Woodson Rd. Overland Mo.

19. (a) NOV 7 1939 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4 year 1939 hour about 6. minute 30AM??? M.

21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Motor cycle accident.

Due to: While riding a motorcycle which left the public highway. 11/4/39

Due to: Multiple fractures. Skull, R. Malar, Mandible.

Other conditions (Include pregnancy within 3 months of death): ____

Major findings: Of operations: ____ Of autopsy: ____

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): accident

(b) Date of occurrence: Nov 4, 1939

(c) Where did injury occur? Overland, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? no(?) (e) Means of injury: motorcycle left ro

23. Signature: John Connell (M. D. or other)

Address: Coroner of St. Louis County, Mo. Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

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 Oscar L. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo.

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

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