

S. No. 2
M-1-4-41
v. 5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 30 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3726
Registrar's No. 65

Registration District No. 180 Primary Registration District No. 6025

9500
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Ste Genevieve
(b) City or town Burrell Ste Genevieve
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Baby Holder
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex M race W 5. Color or race W 6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if
7. Birth date of deceased Dec 19 1941
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 3 If less than one day hr. min.

9. Birthplace Ste Genevieve Mo (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Claude Holder Sr
13. Birthplace Ste Genevieve Mo (City, town, or county) (State or foreign country)
14. Maiden name Ma
15. Birthplace Florida (City, town, or county) (State or foreign country)

16. (a) Informant Claude Holder Sr

(b) Address Ste Genevieve Mo

17. (a) Burial (b) Date thereof Dec 23 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burrell Ste Genevieve Mo

18. (a) Signature of federal director Jerome J. Smith
(b) Address Ste Genevieve Mo

19. (a) Dec 23 1941 (b) T. W. Douglas (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Ste Genevieve
(c) City or town Burrell Mo (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 22 year 1941 hour 3 minute A M.
21. I hereby certify that I attended the deceased from Dec 18 1941 to Dec 22 1941; that I last saw him alive on Dec 22 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Ichterus Neonatorum Duration 2 days
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 1610

PHYSICIAN
Major findings:
Of operations
Of autopsy
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)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature Arthur S. ... (M. D. or other) MD
Address Ste Genevieve Mo Date signed 12/23/41

RECEIVED
District Health Officer No. 4
District File Number 142-51
Date Filed 1-12-42

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.....

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

Signed Jerome J. Sunko
Licensed Embalmer No. 3817
P. O. Address St. Stanislaus

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, fact should be so stated above.