

FILED MAR 24 1942
Registration District No. 791

Primary Registration District No. 1002

Registrar's No. 2086

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5405 Louisiana Ave.
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community. 1 year..... years, months or days)

3. (a) PRINT FULL NAME John B. Holdenried

3. (b) If veteran, name war. No

3. (c) Social Security No. 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 March 1 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>0</u>	<u>4</u>	hr. min.

9. Birthplace. St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation. Nil

11. Industry or business.....

MOTHER FATHER { 12. Name. Henry J. Holdenried

13. Birthplace. St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name. Gertrude H. Kelly

15. Birthplace. St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant. Henry J. Holdenried

(b) Address. 5405 Louisiana Ave.

17. (a) Burial (b) Date thereof 3/7/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Mt. Olive Cemetery

18. (a) Signature of funeral director Arthur Nelson and his Co

(b) Address 3634 Gravois Ave

19. (a) MAR 6 1942 (b) J. F. Probeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. 600

(c) City or town. St. Louis 1517
(If outside city or town limits, write "RURAL")

(d) Street No. 5405 Louisiana Ave.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. March day 5 th
year 1942 hour. 10:00 minute. P. M.

21. I hereby certify that I attended the deceased from Did not attend
deceased on arrival 19. Heart action had ceased
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Status Thymicolymphaticus

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... 64

Of autopsy..... 67

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).....

(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 Bernard H. Gentry (M. D. or other)
Address 508 N. Grand Date signed 3/6/42

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

Signed Robert Wheeler

Licensed Embalmer No. 2128

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, fact should be so stated above.