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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 15 1942

Registration District No. _____

Primary Registration District No. 200

Registrar's No. 1242

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Manchester Nursing Home, 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 Days
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Webster Groves,
(If outside city or town limits, write "RURAL")

(d) Street No. 116 Parson
(If rural, give location)

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

3. (a) PRINT FULL NAME William H. Holdsworth

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from June 1
1942 to June 4 1942
that I last saw him in alive on June 4 1942
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Henrietta Holdsworth

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased May 31 1860
(Month) (Day) (Year)

Immediate cause of death Chr. myocarditis

Due to Senility

Due to _____

Other conditions 93d
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

82 - 4 _____ hr. _____ min.

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

10. Usual occupation Lawyer

11. Industry or business _____

MOTHER FATHER { 12. Name Ephrim Holdsworth

13. Birthplace England 4
(City, town, or county) (State or foreign country)

14. Maiden name Isabell Wilcox

15. Birthplace England 4
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy _____

16. (a) Informant Mrs. Royal C. McLean

(b) Address 109 N. Taylor, Kirkwood, Mo.

17. (a) Burial (b) Date thereof 6-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Louis H. Bopp Inc.

(b) Address Kirkwood, Mo.

19. (a) 6-4-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) [Signature]

Address 611 Olive, St. Louis Date signed 6-5-42

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

S. No. 2
1-9-4-41
7-5-17-39
X29484

600

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.....

Louis H Bopp

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Louis H Bopp

Licensed Embalmer No. *921*

P. O. Address *Hickory*

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.

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