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S. No. 7  
M-5-42  
7. 5-17-39  
9-1 X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28834

State File No. \_\_\_\_\_

FILED OCT 6 1942 318

1003

Registrar's No. 8009

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... 2 Mos. 29 Days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County \_\_\_\_\_  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL.")  
(d) Street No. 3204 N Newstead Ave  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Holsinger

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 2 18 42  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 7 8 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Fredrick Holsinger

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

14. Maiden name Florence Blackmore

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

16. (a) Informant Mrs. Violet Fiebig

(b) Address 3204 N Newstead Ave

17. (a) Burial (b) Date thereof 9 28 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Woodward & Woodhart

(b) Address 2228 St Louis Ave

19. (a) SEP 27 1942 (b) J. F. Fredrick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 26,  
year 1942 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from June 29, 1942,  
that I last saw him alive on September 26, 1942,  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhagic Colitis

Due to \_\_\_\_\_  
Due to 119

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy Colitis

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature C. E. Meeker (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Avenue Date signed 9/26/42

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

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**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 *Mary A. Cashion*

Licensed Embalmer No. *3949*

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.**