

S. No. 2
M-2-43
5-17-39

19694

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. **5826**

FILED

JUL 3 1943 1318
Registration Office No. _____

Primary Registration District No. **1003**

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:
CITY SANITARIUM 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 yr lmo 20 ds**
(Specify whether years, months or days)

In this community **18 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **THOMAS HOLDERFIELD**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Ella Holderfield**

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

7. Birth date of deceased **July 16 1883**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	11	8	hr. _____ min.

9. Birthplace **Goreville Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Tony Holderfield**

{ 13. Birthplace **Goreville Illinois**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Rebecca Gray**

{ 15. Birthplace **Goreville Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Thelma A. Suedler**

(b) Address **5300 Arsenal St**

17. (a) (Burial, cremation, or removal) _____

(b) Date thereof **6-25-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Marion Ill.**

18. (a) Signature of funeral director **A. W. M. Laughlin**

(b) Address **2301 Lafayette**

19. (a) **JUN 25 1943** (Date received local registrar)

(b) **J. F. Bredeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000 12**

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

(d) Street No. **2347 Park Ave.**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **24**
year **1943** hour **8:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **May 4 1943** to **June 24 1943**, that I last saw him alive on **June 24 1943** and that death occurred on the date and hour stated above.

Immediate cause of death: **Arteriosclerotic Heart Disease 1942X**
Carcinoma of the Larynx 1942X

Due to _____

Due to _____

Other conditions: **47**
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy **no**

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 **M. L. Moore, M.D.** (M. D. or other)
Address **5300 Arsenal** Date signed **6/25/43**

(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 Paul A. Keith
Licensed Embalmer No. 3612
P. O. Address 2317 Lafayette

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.