S. No. 2
OM—2-43
v. 5-17-39
1 ,X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5260

Registration District No. 818 FILED MAR 13 1944

Primary Registration District No. 1003

Registrar's No. 2066

1. PLACE OF DEATH:

(a) County None

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

(c) Name of hospital or institution: St. John's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks (Specify whether
In this community Six Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 4
(If outside city or town limits, write "RURAL")

(d) Street No. 1059-A Forest Avenue
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country None 0

3. (a) PRINT FULL NAME JOHN J. HOLDEN.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Cecelia Holden

6. (c) Age of ~~husband~~ or wife if alive 50 years

7. Birth date of deceased February (Month) 12 (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
61	X X	15	22 hr. Five min.

9. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

10. Usual occupation Retired

11. Industry or business - - - - - - - - - - - - -

FATHER
12. Name Thomas Holden
13. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Catherine Meehan
15. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant James A. Holden (Son)

(b) Address 1059-A Forest Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 / 3 / 44 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Calvary Cemetery

18. (a) Signature of funeral director Watson-Bocklage

(b) Address 6536 Clayton Road

19. (a) MAR 1 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28th.
year 1944 hour Ten minute Five P.M.

21. I hereby certify that I attended the deceased from July 1, 1943, to Feb. 29, 1944, that I last saw him alive on Feb. 29, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Lymphogenous Leukemia	2 Yrs.
Due to	
Due to 74	
Other conditions Anaemia (Include pregnancy within 3 months of death)	2 Years

Major findings:
Of operations
Of autopsy

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 0

23. Signature Foster A. Dill (M. D. or other) MD

Address 7346 a Manchester Date signed 3-1-44

(Licensed Embalmer's Statement on Reverse Side) Maplewood, Mo.

APR 18 1944

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 John Agonoski

Licensed Embalmer No. 2298

P. O. Address.....

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.