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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7829

State File No.

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 2740

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 2734 Gamble St
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town ST Louis M o
(If outside city or town limits, write "RURAL")

(d) Street No. 2734 Gamble St
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Thomas Holt

3. (b) If veteran, name war nil

3. (c) Social Security No.

4. Sex Ma le

5. Color or race Col

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 Dec, (Month) 25 th (Day) 1928 (Year)

8. AGE: Years 16 ~~17~~ Months 2 Days 28 ~~23~~ If less than one day hr. min.

9. Birthplace ST Louis Mo (City, town, or county) (State or foreign country)

10. Usual occupation Errand Boy

11. Industry or business

FATHER
12. Name Willia m Holt
13. Birthplace Memphis (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Ma ry Johnson
15. Birthplace Ma rshall Mo (City, town, or county) (State or foreign country)

16. (a) Informant William Holt
(b) Address 2 734 Gamble S t

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-45 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Ellis Fun, Home
(b) Address 82820 Stoddard Stt

19. (a) MAR 27 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd year 1945 hour 8 o'clock minute A M.

21. I hereby certify that I attended the deceased from mar 18, 1945 to 3-23-, 1945 that I last saw him alive on 3-22-, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to Myo Carditis, Acute Cause not known

Due to 93a

Other conditions (Include pregnancy within 3 months of death)

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

23. Signature J. L. Kilder (M. D. or other)

Address 2601 Dickson Date signed 3/23/45

(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 L. Boyer

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

working under my personal supervision.

Signed Lonnie Boyer

Licensed Embalmer No. L 2944

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.