

S. No. 2
 DM-5-43
 v. 5-17-39
 I X36671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED DEC 2 1946
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **38691**
 Registrar's No. **9873**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
 (a) County St. Louis
 (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. Lukes Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5875 Clemens Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME HELD, John Henry Jr
 3. (b) If veteran, name war World War I 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 Nina Paugh 6. (c) Age of husband or wife if alive 43 years
 7. Birth date of deceased April 10 1890
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day 17th
 year 1946 hour 3:15 minute A. M.
 21. I hereby certify that I attended the deceased from October 26th
 1946 to November 17 1946;
 that I last saw h. in alive on November 16th 1946;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>56</u>	<u>7</u>	<u>7</u>	hr. _____ min.

Immediate cause of death Myelogenous Leukemia Duration 3 yrs
 Due to _____
 Due to _____

9. Birthplace Pershing Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Inspector of Meat
 11. Industry or business U. S. Dept. of Agriculture
 12. Name John Frederick Held
 13. Birthplace Bay Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Gnad
 15. Birthplace Fredericksbur Missouri
(City, town, or county) (State or foreign country)

Other conditions Benign prostatic hyperplasia 3 mo
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

16. (a) Informant Nina Paugh Held
 (b) Address 5875 Clemens Ave.
 17. (a) Burial (b) Date thereof 11-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Zions Evg. Cemetery.
 18. (a) Signature of funeral director Robert J. Ambruster, Inc
 (b) Address Clayton Rd. at Concordia Lane
 19. (a) NOV 19 1946 (b) J. P. Bredich
(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 William F. Melick, M.D.
 Address Missouri Theatre Bldg. Date signed 11-18-46

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

MOTHER FATHER

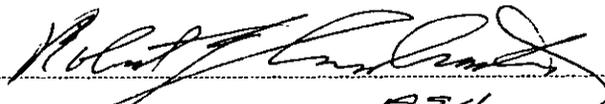
2084 88 11/15

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.....


.....

Licensed Embalmer No..... 1374

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.