No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43816

FILED DEC 22 1947

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 2558

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Manchester Nursing Home and Sanatorium 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1½ Months (Specify whether
In this community 1½ Months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

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

(d) Street No. 3408-Brown Road 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Enid M. Holt

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Claude G.

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased June (Month) 23 (Day) 1894 (Year)

8. AGE: Years 53 Months 5 Days 18 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Hugh McCorkle
13. Birthplace (City, town, or county) Texas (State or foreign country)

MOTHER
14. Maiden name Eva Arnold
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Claude G. Holt
(b) Address 3408-Brown Rd-Overland-21-Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Baumann Bros. Inc.
(b) Address 2504-Woodson Rd-Overland-14-Mo.

19. (a) 12-13-47 (Date received local registrar) (b) Cecil A. Sharp (Registrar's signature) MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11 year 1947 hour 4 15 minute A M.

21. I hereby certify that I attended the deceased from Oct 30, 1947, to Dec 11, 1947 that I last saw her alive on ..., 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure, Chr myocarditis c̄ obesity	4 days
Due to: With a progressive mental deterioration	
Due to: of a depressive psychosis.	
Other conditions (Include pregnancy within 3 months of death) 93d	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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) 0

While at work? (e) Means of injury

23. Signature C H Denny (M. D. or other) MD

Address Creve Coeur, Mo. Date 12-11-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DEC 30 1941

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.