

FILED JUL 14 1948

Registration District No. **317**

Primary Registration District No. **3066**

Registrar's No. **1673**

1. PLACE OF DEATH:

(a) County **St. Louis**
 (b) City or town **Kirkwood**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **U.S. Marine Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **55 days**
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME **HOLDEN, ROBERT J.**

3. (b) If veteran, name war **World War I**

3. (c) Social Security No. **483-30-9458**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Ruth Holden** 6. (c) Age of husband or wife if alive **18** years

7. Birth date of deceased **April 18, 1880**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	2	17	hr. min.

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

10. Usual occupation **Chauffeur**

11. Industry or business **Veterans Administration**

12. Name **Enoch Holden** 13. Birthplace **Tennessee??**

14. Maiden name **Isabelle Clementine** 15. Birthplace **Tennessee??**

16. (a) Informant **Clinical Records**

(b) Address **U.S. Marine Hospital, Kirkwood, Mo.**

17. (a) **Burial** (b) Date thereof **7-9-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National Cemetery**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **7-8-48** (b) **Cecil W. Thompson**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **unknown**
 (c) City or town **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **4704 McPherson**
 (If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **5th.** year **1948** hour **11** minute **20** P. M.

21. I hereby certify that I attended the deceased from **May 13, 1948** to **July 5, 1948**
 that I last saw him alive on **July 5, 1948**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic Heart Disease** Duration **6 yrs.**

Due to **Edema, pulmonary, due to circulatory disturbance**

Due to **Angina syndrome Aortic Incompetency Cardiac Insufficiency**

Other conditions **Infarction of lung**
 (Include pregnancy within 3 months of death)

Hernia, inguinal, indirect, left

Major findings: **NONE**

Of autopsy **920**

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) (c) Means of injury

23. Signature **George N. Niswonger** (M. D. or other) **M.D.**

Address **U.S. Marine Hospital,** Date signed **7-6-48**

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 *Gustav W. Dentule*

Licensed Embalmer No. *4329*

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.