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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27827**
7540
Registrar's No. _____

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3225 Montgomery
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **3225 Montgomery** **9**
(If rural, give location)
(e) Citizen of foreign country? **11** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **James Henry Holt**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug.** day **27**
year **1948** hour **6** minute **49 A.M.**

4. Sex **Male** 0 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widower**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **October 1 1877**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
70 10 26 hr. _____ min.

Immediate cause of death
Coronary Occlusion
Coronary Sclerosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace **Shelbyville Kentucky**
(City, town, or county) (State or foreign country)
10. Usual occupation **Stationary Engineer**

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name **Ely Holt**
13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Gertrude Tieman**
(b) Address **4642 Meraine**
17. (a) **Removal** (b) Date thereof **8-29-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Junction City, Tenn.**

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? _____

18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **4700 Washington Blvd.**
19. (a) **AUG 27 1948** (b) **J. F. Branda**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury **3**
23. Signature **Patricia E. Pylaris** (M.D. or other) **9**
Address **1300 Clark** Date signed **8-27-48**

WRITE PLAINLY—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 Elmo R. Sadwell

Licensed Embalmer No. 4077

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.