

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 3106

10180

318

13

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

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		17 6	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Sanitarium</u> 0				d. STREET ADDRESS (If rural, give location) <u>City Sanitarium</u> 0			
3. NAME OF DECEASED (Type or Print) <u>EDWARD</u>			a. (First) _____ b. (Middle) _____ c. (Last) <u>HOLDSWORTH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 4, 1949</u>	
5. SEX <u>male</u> 0		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> 1		8. DATE OF BIRTH <u>Feb 8, 1886</u>	
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>R.R. Clerk</u>		11. BIRTHPLACE (State or foreign country) <u>St Louis, Mo.</u> 0		12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME <u>Wm Holdsworth</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Schwenber</u>		14. NAME OF HUSBAND OR WIFE <u>Alma Holdsworth</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Alma Holdsworth</u> ADDRESS <u>5417 Eichelberger</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of the Esophagus</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> 146 150X					INTERVAL BETWEEN ONSET AND DEATH <u>6mos.X</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Jan. 1, 1948</u> , to <u>Apr. 4, 1949</u> , that I last saw the deceased alive on <u>Apr. 4, 1949</u> , and that death occurred at <u>9/10 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Jack R. Ziegenhein</u> (Degree or title) _____				23b. ADDRESS <u>5400 Arsenal St.</u>		23c. DATE SIGNED <u>4/5/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>		24b. DATE <u>4/7/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>APR 6 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lavater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L Ziegenhein & Sons</u> ADDRESS <u>7027 Gravois</u>			

WGP

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *W.G. Peterson* _____

Licensed Embalmer No. *3767* _____

P. O. Address *7027 Gravois* _____

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.