

No. 300  
10.48

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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21688

State File No. ....

|   |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>317</u>   |  | PRIMARY REG. DIST. NO. <u>6076</u>   |  | Registrar's No. <u>2578</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>St. Louis</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Affton</u>  |  | c. LENGTH OF STAY (In this place) <u>1 Yr.</u>  |  | 80 CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Affton</u>   |  | 4800   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6333 Heege Ave.</u>  |  |   |  | d. STREET ADDRESS (If rural, give location) <u>6333 Heege Ave.</u>   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Robert</u>   |  | b. (Middle) <u>J.</u>   |  | c. (Last) <u>Holdenried</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 5, 1951</u>                        |  |
| 5. SEX <u>Male</u>  |  | 6. COLOR OR RACE <u>White</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>  |  | 8. DATE OF BIRTH <u>January 13, 1876</u>   |  |
| 9. AGE (In years last birthday) <u>75</u>   |  | IF UNDER 1 YEAR Months _____ Days _____   |  | IF UNDER 6 Wks. Hours _____ Min. _____   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                                       |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Paper Hanger</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired 20 years</u>   |  | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                                       |  |
| 13a. FATHER'S NAME <u>Henry J. Holdenried</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Margaret Michel</u>  |  | 14. NAME OF HUSBAND OR WIFE <u>Anna M. Holdenried Dec'd.</u>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>  |  | 16. SOCIAL SECURITY NO. <u>None</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Marie Korman</u> ADDRESS <u>6333 Heege Ave. Affton, Mo.</u>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                           |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma prostate</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic prostatitis</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 years 30 days</u>                       |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION <u>None</u>  |  |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>177X</u>  |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10:24</u>  |  | 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>5-7-51</u> , to <u>7-5-51</u> , that I last saw the deceased alive on <u>7-5-51</u> , 19 <u>51</u> , and that death occurred at <u>9:25 Am.</u> , from the causes and on the date stated above. |  |   |  |  |  |  |  |
| 23a. SIGNATURE <u>O.C. Heege MD</u> (Degree or title)   |  |   |  | 23b. ADDRESS <u>45235 Kings Highway</u>  |  | 23c. DATE SIGNED <u>7-5-51</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>7/7/51</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>SS. Peter and Paul Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>         |  |
| DATE REC'D BY LOCAL REG. <u>7-5-51</u>  |  | REGISTRAR'S SIGNATURE <u>Robert P. Tompey MD</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gebken-Benz Mortuary 2842 Meramec St.</u>  |  |  |  |

(Licensed Embalmers) Statement on Reverse Side) St. Louis, 18 Mo.

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

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 me

working under my personal supervision.

Student Embalmer No. ....

Signed

*Joe B. Benz*

Signed.....

Student Embalmer

Licensed Embalmer No. 4219

P. O. Address 2842 Meramec St.  
St. Louis, 18 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.