

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2906

State File No. ....

FILED JAN 26 1952

BIRTH NO. ....

REG. DIST. NO. **318**PRIMARY REG. DIST. **1003**Registrar's No. **0327**

1. PLACE OF DEATH a. COUNTY <b>Missouri</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>										
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		c. LENGTH OF STAY (in this place) <b>2 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2129</b>								
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Masonic Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>5351 Delmar</b>										
3. NAME OF DECEASED (Type or Print) a. (First) <b>Percy</b> b. (Middle) <b>H oldstock</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>1- 11-1952</b>										
5. SEX <b>M. 0</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single 0</b>	8. DATE OF BIRTH <b>7-15-1869</b>	9. AGE (In years last birthday) <b>82</b>	<table border="1"> <tr> <td># UNDER 1 YEAR</td> <td># UNDER 1 MONTH</td> <td># UNDER 1 DAY</td> <td># UNDER 1 HOUR</td> </tr> <tr> <td><b>5</b></td> <td><b>3</b></td> <td></td> <td></td> </tr> </table>	# UNDER 1 YEAR	# UNDER 1 MONTH	# UNDER 1 DAY	# UNDER 1 HOUR	<b>5</b>	<b>3</b>		
# UNDER 1 YEAR	# UNDER 1 MONTH	# UNDER 1 DAY	# UNDER 1 HOUR										
<b>5</b>	<b>3</b>												
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Maintenance Man</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>At Sea 8</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>								
13a. FATHER'S NAME <b>Henry J. Holdstock</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Ann Wilson</b>		14. NAME OF HUSBAND OR WIFE <b>Single</b>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Masonic Home of Missouri, 5351 Delmar Ave</b> <i>Alexander &amp; Sons</i>											
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>5 Dys</b> ANTECEDENT CAUSES DUE TO (b) <b>Chronic Myocarditis</b> DUE TO (c) <b>Hypertension</b> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				<b>1 Yr.</b>  <b>18 Mo.</b>								
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4201</b>											
22. I hereby certify that I attended the deceased from <b>10-7-</b> <b>1950</b> , to <b>1-11-</b> <b>1952</b> , that I last saw the deceased alive on <b>1-11-</b> <b>1952</b> , and that death occurred at <b>8:30A</b> m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <i>Alexander &amp; Sons M.D.</i>			23b. ADDRESS <b>508 N. Grand</b>		23c. DATE SIGNED <b>1-11-52</b>								
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Jan 14, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lakewood Park Cem</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co Mo</b>										
DATE REC'D BY LOCAL REG. <b>JAN-12-1952</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Alexander &amp; Sons 6175 Delmar</b>										

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Joseph E McCulloch

Licensed Embalmer No. 2460

P. O. Address 6170 Pelmar

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.