

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 25 1952

BIRTH NO.

REG. DIST. NO.

317

PRIMARY REG. DIST. NO.

200

Registrar's No.

2361

1. PLACE OF DEATH a. COUNTY ST. LOUIS COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF. BRKS. MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSP.		d. STREET ADDRESS 941 MARYVILLE	
3. NAME OF DECEASED (Type or Print) a. (First) EDGAR b. (Middle) M. c. (Last) HOLDEN		4. DATE OF DEATH (Month) (Day) (Year) 9/10/52	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 4/13/88
9. AGE (In years last birthday) 64 yrs.		10. MONTHS	11. DAYS 2059
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman		10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JOHN J. HOLDEN	
13b. MOTHER'S MAIDEN NAME MARGARET MURPHY		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF PYRIFORM SINUS WITH METASTASIS *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		MEDICAL CERTIFICATION ANTECEDENT CAUSES DUE TO (b) 147X DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE NONE	
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) V.A. 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 8/28/1952, to 9/10, 1952, and that death occurred at 9:58 P.M., from the causes and on the date stated above.			
23a. SIGNATURE M.H. Harbin (Degree or title) M.D.		23b. ADDRESS V.A. HOSPITAL JEFF. BRKS. MO.	
23c. DATE SIGNED 9/10/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-13-52	
24c. NAME OF CEMETERY OR CREMATORY CALVARY		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. 9-11-52		REGISTRAR'S SIGNATURE Herbert R. Domb	
FEDERAL DIRECTOR'S SIGNATURE Sullivan's		ADDRESS 2849 N. Euclid Ave	

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 Francis Wellhomson

Licensed Embalmer No. 3565

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.