

FILED DEC 1 1957
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REG # 106448

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41116**

REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **3037**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PULASKI	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN JEFFERSON BARRACKS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) TOWN CROCKER	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		d. STREET ADDRESS (If rural, give location) RURAL ROUTE #3	

0850

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) R. c. (Last) HOLT			4. DATE OF DEATH (Month) (Day) (Year) 11-22-52		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 9-26-25	9. AGE (In years last birthday) 27	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and State or Foreign Country) JEFFERSON CITY, TENN.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME STANLEY HOLT	13b. MOTHER'S MAIDEN NAME ALICE MURR	14. NAME OF HUSBAND OR WIFE MINNIE HOLT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-II	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF BRKS, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION CHRONIC GLOMERULONEPHRITIS DUE TO UNKNOWN CAUSE		INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UNKNOWN CAUSE		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 592X			

19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) (Min.)	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 **11-11-52**, to **11-22-52**, and that death occurred at **10:35 Am.**, from the causes and on the date stated above.

23a. SIGNATURE E. J. SZENCZYK M.D.	23b. ADDRESS VET ADM HOSP, JEFF BRKS, MO.	23c. DATE SIGNED 11-22-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 24/52	24c. NAME OF CEMETERY OR CREMATORY ZION CEMETERY	24d. LOCATION (City, town, or county) (State) CROCKER, MISSOURI
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DATE REC'D BY LOCAL REG. 11-25-52	REGISTRAR'S SIGNATURE Herbert R. Douds - M.D.	25. FUNERAL DIRECTOR'S SIGNATURE P.T. HEDGES FUNERAL HOME, CROCKER, MISSOURI	ADDRESS HEDGES FUNERAL HOME, CROCKER, MISSOURI
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 6 1953

MAY 9 1957

AMERICAN

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

Clarence Gross

Licensed Embalmer No. 4896

P. O. Address Waynesville, Md

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.