

# STANDARD CERTIFICATE OF DEATH

State File No. **19495**  
**5241**

FILED **JUN 10 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>  c. LENGTH OF STAY (in this place) _____  d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>3026 Dickson Street</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission): a. STATE <b>MISSOURI</b> b. COUNTY _____  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>  d. STREET ADDRESS (If rural, give location) <b>3026 Dickson Street</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>HARRY</b> b. (Middle) <b>JOSEPH</b> c. (Last) <b>HOLT</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>May 22 1953</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>Colored</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Never Married</b>	<b>8. DATE OF BIRTH</b> <b>June 21, 1900</b>
<b>9. AGE</b> (In years last birthday) <b>52</b>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Bell Hop</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Hotel</b>
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis, Mo.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U. S. A.</b>	

<b>13a. FATHER'S NAME</b> <b>Peter Holt</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Delia Washington</b>	<b>14. NAME OF HUSBAND OR WIFE</b> --
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W. W. #1</b>	<b>16. SOCIAL SECURITY NO.</b> <b>489-18-9644</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Katherine Martin</b> <b>ADDRESS</b> <b>3026 Dickson St.</b>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b>		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Acute Gastritis</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <b>Result of eating meat</b> DUE TO (c) <b>Rheumatism &amp; Nerves</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from 5-21-1953 to 5-22-1953 that I last saw the deceased alive on 5-22-1953, and that death occurred at 7:45 A.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>J. H. Randle M.D.</b>	<b>23b. ADDRESS</b> <b>3000 E. Easton</b>	<b>23c. DATE SIGNED</b> <b>5-25-53</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>May 27, 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>National</b>
<b>24d. LOCATION</b> (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>		

<b>DATE REC'D BY LOCAL REG.</b> <b>MAY 25 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <b>J. Cash Smith M.D.</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>J. H. Randle &amp; Son</b> <b>ADDRESS</b> <b>3133 Bell Ave.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Licensed Embalmer No. 2698

P. O. Address 2769 2<sup>nd</sup> Ave

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.