

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

34427

FILED OCT 2 - 1953

State File No. 541

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2345 Registrar's No. 2345

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>2169</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>12 Hours</u>		d. STREET ADDRESS (If rural, give location) <u>3314 Humphrey St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CARROLL</u>	b. (Middle) <u>S</u>	c. (Last) <u>HOLDER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8 31 53</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>7-4-1933</u>	9. AGE (In years last birthday) <u>20</u>	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Hours	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>FACTORY WORKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GRAPETTE SODA Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>CARROL Holder Sr.</u>	13b. MOTHER'S MAIDEN NAME <u>Theresa Figgins</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>487-36-5536</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Tresa Holder</u>	ADDRESS <u>3314 Humphrey St.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs. + Lucation + Edlin</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Head Injury - Brain Concussion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Automobile Accident</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary Congestion</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory street, office bldg., etc.) <u>R.R. right of way + Gravois Rd</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>St. Louis County, Mo.</u> (COUNTY) <u>St. Louis</u> (STATE) <u>Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug. 31, 1953 1:00 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Blunt Impact collision w/ train</u>

22. I hereby certify that I attended the deceased from 8/31, 1953, to 8/31, 1953, that I last saw the deceased alive on 8/31, 1953, and that death occurred at 6:09 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Stephen Torus, M.D.</u>	23b. ADDRESS <u>601 S. Brentwood</u>	23c. DATE SIGNED <u>9/1/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-3-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Matthews</u>	24d. LOCATION (City, town, or county) (State) <u>4260 BATES ST.</u>
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DATE REC'D BY LOCAL REG. <u>9/2/53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Spornke, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Zieman Bros</u>	ADDRESS <u>6409 Gravois</u>
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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 Nan. Liguore

Licensed Embalmer No. 4343

P. O. Address H. L. Linn's M...

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.