

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

**10662**

**FILED APR 7 1954**

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 733

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis.</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>St. Louis.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights,</u>		c. LENGTH OF STAY (In this place) <u>4 DAYS</u>	c. CITY OR TOWN <u>University City,</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital.</u>		e. STREET ADDRESS (If rural, give location) <u>#8128 Cornell Avenue.</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>MELVIN</u>	b. (Middle) <u>Joseph</u>	c. (Last) <u>HOLLORAN.</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>March 21, 1954.</u>
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<b>5. SEX</b> <u>Male.</u>	<b>6. COLOR OR RACE</b> <u>White.</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married.</u>	<b>8. DATE OF BIRTH</b> <u>Feb'y 21, 1897.</u>	<b>9. AGE</b> (In years last birthday) <u>57.</u>	<b>10. UNDER 1 YEAR</b> Months _____ Days _____	<b>11. UNDER 15 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>V.P. &amp; Sec'y of E. E.</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Souther Iron Co.,</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Ft. Madison, Iowa.</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>John Holloran.</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Laura Hoffman.</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Leona M. Holloran.</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>	<b>16. SOCIAL SECURITY NO.</b> <u>492-07-0795</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs Leona M. Holloran,</u>	<b>ADDRESS</b> <u>8128 Cornell Ave.,</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2-3 weeks</u>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Endocarditis - acute</u>	<b>ANTECEDENT CAUSES</b> DUE TO (b) <u>Rheumatic heart disease</u>		<u>Over 35 years</u>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c) <u>with Mitral and Aortic stenosis</u>		<u>years.</u>

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>410X</u>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<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>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from March 5, 1954, to March 21, 1954, that I last saw the deceased alive on March 21, 1954, and that death occurred at 8:00 P.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>Donald P. Seltzer</u>	(Degree or title) <u>M.D.</u>	<b>23b. ADDRESS</b> <u>607 N. Grand Ave.</u>	<b>23c. DATE SIGNED</b> <u>3-22-54</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial..</u>	<b>24b. DATE</b> <u>3/24/54.</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt. Lebanon Cemetery.</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis County, Missouri.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>3-23-54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Harbert R. Donham, M.D.</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>C. R. Lupton &amp; Sons,</u>	<b>ADDRESS</b> <u>#7233 Delmar Blv'd.,</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

UNIVERSITY OF CALIFORNIA  
NE: 1750.  
10 - 12. Hrs.

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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.....  
Signature of Student Embalmer

Signed.....  
*Clarence A. Murr*

Licensed Embalmer No. *406*  
P. O. Address *St. Louis,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.