

STANDARD CERTIFICATE OF DEATH

State File No. **32420**

FILED OCT 14 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **2334**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b>		c. CITY OR TOWN <b>Lemay</b> <b>4870</b>	
c. LENGTH OF STAY (in this place) <b>5 days</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>County Hospital</b>		STREET ADDRESS (If rural, give location) <b>115 E. Etta</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b> b. (Middle) <b>Holdenried</b> c. (Last) <b>Holdenried</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10 5 54</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>May 13, 1883</b>			9. AGE (in years last birthday) <b>71</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired (unb.)</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>unb.</b>		
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>Henry J. Holdenried</b>		13b. MOTHER'S MAIDEN NAME <b>Maragret Michal</b>		14. NAME OF HUSBAND OR WIFE <b>Anna</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>495-16-2741</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Anna Holdenried</b> ADDRESS <b>115 E. Etta, Lemay, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute confluent bronchopneumonia</b>		ANTECEDENT CAUSES <b>acute tracheo-esophagitis</b>		DUE TO (b) _____	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS <b>Acute + chronic pyelonephritis</b>		Conditions contributing to the death but not related to the disease or condition causing death.		_____	

19a. DATE OF OPERATION		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?	

2. I hereby certify that I attended the deceased from **9-30, 1954** to **10-5, 1954**, that I last saw the deceased alive on **10-5, 1954**, and that death occurred at **3:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>L. F. Winkler M.D.</b> (Degree or title)		23b. ADDRESS <b>601 So. Brentwood</b>		23c. DATE SIGNED <b>10/5/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 6, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive Cemetery</b>	
24d. LOCATION (City, town, or county) <b>Lemay &amp; Mt. Olive Roads</b>		24e. (State) _____		_____	

DATE REC'D BY LOCAL REG. <b>10/5/54</b>		REGISTRAR'S SIGNATURE <b>Hebert</b>		F. FUNERAL DIRECTOR'S SIGNATURE <b>C. Hoffmeister U. &amp; L. Co.</b> ADDRESS <b>7814 S. Broadway S., Louis, Mo.</b>	
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(Licensed Embalmers' Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed *Harry J. Skum...*  
Licensed Embalmer No. *2679*

P. O. Address *7074 S. ...*

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.