

FILED MAY 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14125

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 980

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

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE. Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		b. COUNTY _____	
c. LENGTH OF STAY (in this place) D.O.A.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St Louis County Hospital		STREET ADDRESS (If rural, give location) 3724 Jennings	

3. NAME OF DECEASED (Type or Print) a. (First) Rose T. Holt Also as Rose T. Campbell	b. (Middle) _____	c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) Apr. 28, 1955
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar. 30, 1929	9. AGE (In years last birthday) 26	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Cook	13b. MOTHER'S MAIDEN NAME Rose Palmer	14. NAME OF HUSBAND OR WIFE Robert Holt
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. 487-3a-5819	17. INFORMANT'S SIGNATURE OR NAME Rose Zobrist	ADDRESS 8521 Pilot Affton Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Death is attributed, on the basis of exclusion and on the evidence to date as being due to natural causes, probably convulsive disorder, e.g. Epilepsy, with immediate cause being asphyxia.		INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS asphyxia. 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"/>
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21a. ACCIDENT (Specify) Natural causes	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pine Lawn St. Louis Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4/28/55 5:30A	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Suffered a convulsion which probably caused her death.

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Ernest J. Williams, Coroner (Degree or title)	23b. ADDRESS Clayton, Mo.	23c. DATE SIGNED 4/29/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/3/55	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.
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DATE REC'D BY LOCAL REG. 4/29/55	REGISTRAR'S SIGNATURE Nerbert R. Donke, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE J I. Ziegenhein & Sons	ADDRESS 7027 Gravois
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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 *E. F. Kidwell*

Licensed Embalmer No. *387*

P. O. Address *7027 St*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.