

FILED MAY 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16706

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4162

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) (Township) D.O.A.s	c. CITY OR TOWN St. Louis,		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		e. STREET ADDRESS (If rural, give location) 10 4125 Peck Street 2109			

3. NAME OF DECEASED (Type or Print) a. (First) HENRY		b. (Middle) G.		c. (Last) HOLTMAN		4. DATE OF DEATH (Month) (Day) (Year) May, 9, 1955				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July, 15, 1881		9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Police Officer		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mrs. Lydia Holtman, Deceased			
-------------------------------	--	--------------------------------------	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Marguerite McGinnis, 4115 Peck Street.			
--	--	---------------------------------	--	---	--	--	--

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	
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot wound of head</u>							
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO <u>self inflicted in shed,</u> DUE TO <u>star of 4121 Peck Ave.,</u>							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Suicide</u>								

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
------------------------	--	----------------------------------	--	--	--	--	--

21a. ACCIDENT (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Shed</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Mo</u>	
---	--	---	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>E976X</u>	
---	--	--	--	--	--

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 7:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Patrick Taylor Carson</u>		23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>5.10.55</u>	
--	--	-----------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE <u>5-12-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery,</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>	
---	-------------------------------	--	--	--	--

DATE REC'D BY LOCAL REG. MAY 10 1955		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Math. Hermann &amp; Son Inc. 2161 E. Fair Ave.</u>	
---	--	---	--	---	--

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..... *John W. Hat* .....

Licensed Embalmer No. *373* .....

P. O. Address *J. W. Hat* .....

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.