

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 2 - 1955

State File No. **23876**  
Registrar's No. **6288**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1009**

<b>I. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY _____		a. STATE <b>Missouri</b>	b. COUNTY <b>St. Fran. 0941</b>
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>St. Louis</b>	c. LENGTH OF STAY (In this place) <b>0</b>	c. CITY OR TOWN <b>Bonne Terre</b>	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 <b>St. Lukes Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>412 S. Spruce Street</b>	

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <b>Honor</b>	b. (Middle)	c. (Last) <b>Holdman</b>	(Month) <b>7</b>	(Day) <b>20</b>	(Year) <b>1955</b>
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>11/20/11</b>	<b>9. AGE</b> (In years last birthday) <b>43</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Bonne Terre, Mo</b>	
<b>13a. FATHER'S NAME</b> <b>Irvin Guiton</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unk.</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Howard Holdman</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) _____		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Sylvia Holdman</b>	
				<b>ADDRESS</b> <b>Bonne Terre, Mo</b>	

<b>18. CAUSE OF DEATH</b>		<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Brain tumor, verified.</b>		<b>7 weeks</b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ellis bloodoma</b>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b> <b>7/17/55</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>Healy next Brain tumor</b>		<b>20. AUTOPSY?</b>	
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<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>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from 7/15, 1955, to 7-20, 1955, that I last saw the deceased alive on 7-20, 1955, and that death occurred at 11:30 Am., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Gray E. Roubaud MD</b>		<b>23b. ADDRESS</b> <b>3720 Washington Ave</b>		<b>23c. DATE SIGNED</b> <b>7-20-55</b>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>24b. DATE</b> <b>7/23/55</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>St. Fran. Mem. Park</b>	
				<b>24d. LOCATION (City, town, or county) (State)</b> <b>Bonne Terre, MO</b>	

<b>DATE REC'D BY LOCAL REG.</b> <b>JUL 21 1955</b>		<b>REGISTRAR'S SIGNATURE</b> <b>J. Carl Smith MD</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Sparks Funeral Home</b>	
				<b>ADDRESS</b> <b>Bonne Terre, Mo.</b>	

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

JAN 20 1961

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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 *Eward Sparks*.....

Licensed Embalmer No. *42*.....

P. O. Address *Bonne L...*.....

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.