Health, Welfare Public Service

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FILED MAR 21 1958

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-011780
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3057

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|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY |
| b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) ST. LOUIS, MO. — Inside Limits Yes ☐ No ☐ | c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐ |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ST. LOUIS CITY HOSP. #2 — Length of stay in Ib 25 | d. STREET ADDRESS (If outside, give location) 1122 Dillon Drive 2210 — Reside on Farm Yes ☐ No ☐ |

| | | | | |
|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) | First: ROBY | Middle: J. | Last: HOLSINGER | 4. DATE OF DEATH: Month MAR. Day 14 Year 1958 |
| 5. SEX: Male | 6. COLOR OR RACE: White | 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ | 8. DATE OF BIRTH: 12-15-1891 | 9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tuck Pointer | 10b. KIND OF BUSINESS OR INDUSTRY: Retired | 11. BIRTHPLACE (City and state or country): White Oak, Ohio | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME: Thomas Holsinger | 13b. MOTHER'S MAIDEN NAME: Susan Lavender | 14. NAME OF HUSBAND OR WIFE: Bertha Holsinger | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Bertha Holsinger, Address: 1122 Dillon Drive | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 420.0

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2/16/58, to 3/14/58 and last saw her/him alive on 3/14/58. Death occurred at 1:25 P.M on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. Leighton M.D. (Degree or title)

22b. ADDRESS 1515 LAFAETTE AVE

22c. DATE SIGNED 3/14/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 3-17-58

23c. NAME OF CEMETERY OR CREMATORY: St. Trinity Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis Co., Missouri

24. FUNERAL DIRECTOR: McLAUGHLIN'S, ADDRESS: 2301 Lafayette

25. DATE RECD. BY LOCAL REG.: MAR 17 '58

26. REGISTRAR'S SIGNATURE: J. Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 H. G. Farris

Licensed Embalmer No. 3384

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.