

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031325  
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2096

FILED AUG 18 1958

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before institution) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Valley Park</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>University City</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Moll Nursing Home</b>		Length of stay in 1b <b>4 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>7052 Kingsbury Blvd.</b>
3. NAME OF DECEASED (Type or print) First <b>ETTA</b> Middle <b>M</b> Last <b>HOLBROOK</b>			4. DATE OF DEATH Month <b>8</b> Day <b>11</b> Year <b>1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug 16 - 1874</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	9. AGE (In years last birthday) <b>83</b>
11. BIRTHPLACE (City and state or country) <b>Joplin Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JAMES M. LANE</b>		13b. MOTHER'S MAIDEN NAME <b>MARADA Unk.</b>	14. NAME OF HUSBAND OR WIFE <b>JAMES LOUIS HOLBROOK</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO NONE</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>Dorothy M. Deane</b> Address <b>7052 Kingsbury Blvd.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Generalized arteriosclerosis</b>			<b>2 yrs</b>
DUE TO (c) <b>331X</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>8-6-58</b> to <b>8/11/58</b> and last saw her <sup>her</sup> <sub>him</sub> alive on <b>8/9/58</b> Death occurred at <b>2:00</b> a.m. of the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>0</b>		22b. ADDRESS <b>M.D. Kirkwood Road</b>	22c. DATE SIGNED <b>8/11/1958</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>8-12-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>PARK CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>CARTHAGE Missouri</b>
24. FUNERAL DIRECTOR <b>G. R. LUPTON &amp; SONS</b> ADDRESS <b>7233 DELMAR BLVD.</b>		25. DATE RECD. BY LOCAL REG. <b>8-11-58</b>	26. REGISTRAR'S SIGNATURE <b>Herbert P. Donke M.D.</b>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

5 Kirkwood Road  
Taylor 2-1526  
Hours: 1:30 to 5

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 Arnold W. Schoen

Licensed Embalmer No. 3864  
P. O. Address St. Louis, Mo.

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.