Health, Welfare Public Service

300
1-57
00
05
1

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003081
STATE FILE NUMBER

FILED JAN 28 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 444

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3238 Bailey Place — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 3238 Bailey ~~Place~~ Av. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: HELENE Middle: H. Last: HOLDING
4. DATE OF DEATH: Month January Day 12 Year 1959
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Unknown - About
9. AGE (In years last birthday): 60 — 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): Nurse
10b. KIND OF BUSINESS OR INDUSTRY: Retired 20 years
11. BIRTHPLACE (City and state or country): Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: William Holding
13b. MOTHER'S MAIDEN NAME: Jessie Martyn
14. NAME OF HUSBAND OR WIFE: Never Married
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mr. John Kappel, 706 Chestnut Street (Exec)

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 & hypertensive cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Congestive heart failure — 1 wk
DUE TO (c) 443X
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 [ ] NO [X]

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 Feb 28 1959 to Jan 12 '59 and last saw (her/him) alive on JAN 12, 1959
Death occurred at JAN 13, 1959 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Warren M. Lonergan M.D.
22b. ADDRESS: St Louis 8, Mo
22c. DATE SIGNED: JAN 13, 59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Jan 15, 1959
23c. NAME OF CEMETERY OR CREMATORY: Lake Charles Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR: Shepard Funeral Home, ADDRESS: 1167 Hamilton Ave
25. DATE RECD. BY LOCAL REG.: JAN 14 '59
26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. Mo. P.B.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address [illegible]

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.