

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 15 1960

211959

'59 046013

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CITY HOSPITAL		d. STREET ADDRESS (If outside, give location) 1403 NORTH PARK PLACE	

3. NAME OF DECEASED (Type or print) First Middle Last JOHN F. TENHOLDER			4. DATE OF DEATH Month Day Year DEC 24 1959			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-7-1885	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (City and state or country) LEOPOLD, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME HENRY TENHOLDER		13b. MOTHER'S MAIDEN NAME ANNA STEINERD		14. NAME OF HUSBAND OR WIFE EMMA TENHOLDER		
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. 492-07-5691		17. INFORMANT Address EMMA TENHOLDER, 1403 NORTH PARK PLACE		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Multiple fractures of ribs</i> DUE TO (b) <i>Subdural Hematoma</i> DUE TO (c) <i>Subarachnoid Hemorrhage</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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 (item 18). <i>From top steps at home 1403 North Park Avenue on November 23, 1959 at about 1 pm</i>			
20c. TIME OF INJURY Hour 100 p.m. Month, Day, Year 11 23 59	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <i>205 Steps - Home</i>	20f. CITY, TOWN OR LOCATION <i>St Louis</i>	COUNTY <i>Mo</i>	STATE <i>900.0</i>
21. I attended the deceased from Death occurred at <i>515 P.</i>		and last saw her alive on <i>21</i>			

22a. SIGNATURE (Degree or title) <i>Patrick Taylor Carver</i>		22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>12 26 59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-28-1959	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	23d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.		
24. FUNERAL DIRECTOR EDW. KOCH & SON, 3516 NORTH 14th		25. DATE RECD. BY LOCAL REG. DEC 26 1959	26. REGISTRAR'S SIGNATURE <i>Earl Smith. M.D.</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

77

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed V. E. Morris.

Licensed Embalmer No. 3360

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.