

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027698

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2056 STATE FILE NUMBER

AMENDED

FILED JUL 25 1961

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BRENTWOOD</u>		Length of stay in lb <u>YRS</u>	c. CITY OR TOWN <u>BRENTWOOD</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1816 KENILWORTH</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1816 KENILWORTH LANE</u>
3. NAME OF DECEASED (Type or print) First <u>PAUL J.</u> Middle <u>HOLDEN</u> Last <u>HOLDEN</u>			4. DATE OF DEATH Month <u>JULY</u> Day <u>21</u> Year <u>1961</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 12, 1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INTERNAL REVENUE AGENT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. GOVT.</u>	11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, MO.</u>
13a. FATHER'S NAME <u>FRANCIS D. HOLDEN</u>		13b. MOTHER'S MAIDEN NAME <u>MARIA FARRELL</u>	14. NAME OF HUSBAND OR WIFE <u>AGATHA HOLDEN</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO.</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>AGATHA HOLDEN, 1816 KENILWORTH LA.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Massive coronary occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>seconds.</u>
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)			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 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 WORK <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 <u>1955</u> to <u>JUL 21 '61</u> and last saw <u>him</u> live on <u>11 July 1961</u> . Death occurred at <u>5:45</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Raymond H. Anderson, M.D.</u>	22b. ADDRESS <u>1695 BRENTWOOD BLVD, BRENTWOOD, MO.</u>		22c. DATE SIGNED <u>JUL 22 '61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>JULY 24 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM.</u>	23d. LOCATION (City, town, or county) <u>ST. LOUIS, MO.</u>
24. FUNERAL DIRECTOR <u>M.J. CROGHAN</u>	ADDRESS <u>7146 MANCHESTER ST. LOUIS 17 MO.</u>	25. DATE RECD. BY LOCAL REG. <u>7-22-61</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

**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 U 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.