

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-038712
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **97774**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis, Missouri** Length of stay in 1b. **5 days**
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **BARNES HOSPITAL** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Illinois** b. COUNTY **Jasper**
c. CITY OR TOWN **Newton,** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **426 Barton St.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **William** Middle **R.** Last **Holt** 4. DATE OF DEATH Month **October** Day **21** Year **1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **April 22 1897** 9. AGE (last birthday) **64** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Electrician-Plumber** 10b. KIND OF BUSINESS OR INDUSTRY **Self employed** 11. BIRTHPLACE (City and state or country) **Newton, Ill.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Arthur M. Holt** 13b. MOTHER'S MAIDEN NAME **Ida B. Brackett** 14. NAME OF HUSBAND OR WIFE **Maud Holt**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes** 16. SOCIAL SECURITY NO. **W. W. I unknkwn** 17. INFORMANT **Maud Holt** Address **Newton, Illinois**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Carcinoma of left lung with metastases** INTERVAL BETWEEN ONSET AND DEATH **4 months**
DUE TO (b) _____
DUE TO (c) _____

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. **163x**

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. Yes No Unknown

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 _____ Month, Day, Year _____ s.m. _____ p.m. _____

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 **July 26, 1961** to **October 21, 1961** and last saw him alive on **October 21, 1961**
Death occurred at **2:32 p.m.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **C. D. Vermillion, M.D.** 22b. ADDRESS **BARNES HOSPITAL** 22c. DATE SIGNED **10/22/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **10-23-61** 23c. NAME OF CEMETERY OR CREMATORY **Riverside** 23d. LOCATION (City, town, or county) (State) **Newton, Ill.**

24. FUNERAL DIRECTOR ADDRESS **John A. Ogonoski East St. Louis, Ill.** 25. DATE RECD. BY LOCAL REG. **OCT 23 1961** 26. REGISTRAR'S SIGNATURE **Loal Smith, M.D.**

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Not Embalmed Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed John A. Agorosh

Licensed Embalmer No. 3398

P. O. Address _____

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.