

No. 300  
10-48

FILED NOV 2 1951

STANDARD CERTIFICATE OF DEATH

State File No. 35913

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 3514

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY OR TOWN <b>Webster Groves</b>	c. LENGTH OF STAY (in this place) <b>1 yr</b>	c. CITY OR TOWN <b>Webster Groves</b>	<b>4577</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>416 S. Elm Ave</b>		d. STREET ADDRESS (If rural, give location) <b>416 S. Elm Ave</b>	

3. NAME OF DECEASED (Type or Print) <b>FRANK R. HOLTON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 26 1951</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept 15, 1882</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>✓</b>	11. BIRTH PLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Edward H. Holton</b>	13b. MOTHER'S MAIDEN NAME <b>Jemima F. ?</b>	14. NAME OF HUSBAND OR WIFE <b>Unknown</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>?</b>	16. SOCIAL SECURITY NO. <b>490-70-4478</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Police Dept. Webster Groves, Mo.</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>unknown natural causes.</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Asterio. sclerotic heart dis.</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-26-, 1951, to 10-22-, 1951, that I last saw the deceased alive on 10-22-, 1951, and that death occurred at 10:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Ernest H. Schaper, M.D.</b>	23b. ADDRESS <b>601 S. Brentwood Clayton 5, Mo.</b>	23c. DATE SIGNED <b>10-27-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-31-51</b>	24c. NAME OF CEMETERY OR OREMATORY <b>Oak Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kirkwood Mo.</b>
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DATE REC'D BY LOCAL REG. <b>10-27-51</b>	REGISTRAR'S SIGNATURE <b>Hubert R. Tompe M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wittberg Funeral Home</b>	ADDRESS <b>73 W. Lockwood W. G.</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

4007

**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 .....  
Student Embalmer

Signed.....

*John S. Kennedy*

Licensed Embalmer No. *4694*

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 this body is not embalmed, fact should be so stated above.