S. No. 2
0M—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31535

FILED OCT 13 1945

Registration District No. 517 Primary Registration District No. 6076 Registrar's No. 2323

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

96 0 0

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days In this community See above (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois 94
(c) City or town Bonne Terre 2 (If outside city or town limits, write "RURAL")
(d) Street No. 10 Jane Street 1 (If rural, give location)
(e) Citizen of foreign country? No 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME TENHOLDER, Frank J.
3. (b) If veteran, name war World I
3. (c) Social Security No. Unknown
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Margaret J. Tenholder
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased March 3 1893 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
52	7	1	hr. min.

9. Birthplace Leopold (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Accountant
11. Industry or business ---
FATHER
12. Name John Tenholder
13. Birthplace (City, town, or county) Holland 4 (State or foreign country)
MOTHER
14. Maiden name Bernadina Sondern
15. Birthplace (City, town, or county) Holland 4 (State or foreign country)
16. (a) Informant Clinical Clerk, Vet. Adm. Fac.
(b) Address Jefferson Barracks, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 6. 1945 (Month) (Day) (Year)
(c) Place: burial or cremation St Joseph's Cem. Bonne Terre
18. (a) Signature of funeral director Benham Undlo
(b) Address 313 Benham Bonne Terre Mo
19. (a) 10-6-45 (Date received local registrar) (b) E. G. McGowan MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4 year 1945 hour 7:35 minute A. M.
21. I hereby certify that I attended the deceased from October 1, 1945 to October 4, 1945; that I last saw him alive on October 4 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death. CANCER RIGHT LUNG.	Unknown
Due to -- 47d	
Due to --	
Other conditions -- (Include pregnancy within 3 months of death)	

Major findings:
Of operations No operation
Of autopsy No autopsy --

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work (e) Means of injury
23. Signature W. Edwards — E. T. EDWARDS, Lt. Col. (M. D. or other) M.C., Clinical Director.
Address Vet. Adm. Fac., Jeff. Brks., Mo. Date signed 10/4/45

(Licensed Embalmer's Statement on Reverse Side)

NOV 16 1945

MAY 27 1946

NOV 9 1945

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 ....., ..., Registered Apprentice No. ....., working under my personal supervision.

Signed C. J. Caywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre Mo

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.