

MAY 7 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

14640

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis, Mo. (No.)

City Sanitarium

File No.

Registered No. 4136

St. Ward)

2. FULL NAME

James Holloway

(a) Residence, No. 4110 Enright

St.

19 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds.

14

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Celess Holloway

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov 26, 1903

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

34 33

4

22

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Garage Attendant

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Garage Attendant

10. Date deceased last worked at
this occupation (month and
year) 1-1-193711. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)

Pilot Point

(STATE OR COUNTRY)

Texas

13. NAME

Zike Holloway

14. BIRTHPLACE (CITY OR TOWN)

Pilot Point

(STATE OR COUNTRY)

Texas

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Unknown

17. INFORMANT

(ADDRESS)

Hubert P. Smith
5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Washington Park

DATE 4/22

19

37

19. UNDERTAKER

(ADDRESS)

Lee J. Sneed & Co.
2812, Thomas, St.

20. FILED

19

J. J. Brebeck
Registrar

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-18-37, 19

22. I HEREBY CERTIFY, That I attended deceased from

4-12-37

19

to 4-18-37

19

I last saw h. im

4-18-37

Death is said

to have occurred on the date stated above, at 5:35 P.M.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia 4-17-37

Date of onset

Other contributory causes of importance:

Gen Paresis

4-12-37x

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Hubert P. Smith

M. D.

(Address)

5400 Arsenal

APR 20 1937

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

3 2 10 576

