

REC'D JUL 12 1938

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

Do not use this space.

20286

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis, Missouri St. Mary's Infirmary

File No.
Registered No. 5425
St. Ward)

2. FULL NAME John Logan Holloman.

(a) Residence, No. 1317 Blair, St. 25 Ward. 435
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 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)~~ Newborn.

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Newborn.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 12, 1938.

7. AGE YEARS MONTHS DAYS If LESS than 1
2 Days, day. 6 1/2 hrs.
or 2 min.

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

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

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis,
(STATE OR COUNTRY) Missouri.

13. NAME Earl Holloman Holloman.

14. BIRTHPLACE (CITY OR TOWN) Carro
(STATE OR COUNTRY) Illinois

15. MAIDEN NAME Daisy Wilson

16. BIRTHPLACE (CITY OR TOWN) Carro
(STATE OR COUNTRY) Illinois

17. INFORMANT St. Mary's Infirmary,
(ADDRESS) 1536 Papin

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Park DATE 6-16 1938

19. UNDERTAKER A. L. Odum
(ADDRESS) 1701 Biddle

20. FILED JUN 16 1938 J. D. Redbeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-15, 1938

22. I HEREBY CERTIFY, That I attended deceased from
June 12, 1938, 1938, to June 15, 1938, 1938

~~.....~~, 19..... Death is said

to have occurred on the date stated above, at 4:10 A. M.

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

Respiratory failure Date of onset

Other contributory causes of importance:

Pterius neonatorum

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no

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) Louis C. Stokes, M. D.

(Address) 1536 Papin St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

6-11
10/10/10