

DEC 12 1938

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

37610

Do not use this space.

1. PLACE OF DEATH

(a) County..... 2 Registration District No. 791
(b) Township..... 1 Primary Registration District No. 1003
(c) City, St. Louis. (d) Street No. 4478 West Belle Pl. Registered No. 9937
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fred D. Holloway

(a) Residence, No. 4478 W. Belle Pl. St. St. Louis, Mo. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 5, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 7 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Lettercarrier
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) Brownsville, Tenn.

13. NAME James Holloway

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brownsville, Tenn.

15. MAIDEN NAME Cora Reed

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brownsville, Tenn.

17. INFORMANT Cora Holloway (ADDRESS) 4478 W. Belle Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson Brks. DATE 11/19/38

19. FUNERAL DIRECTOR (NAME) Jas. H. Randle & Son (ADDRESS) 3133 Belle Ave.

20. FILED NOV 17 1938 J. J. Bredich Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1936, to 11/14, 1938

I last saw him alive on 11/10, 1938. Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Angina Pectoris

Date of onset

Other contributory causes of importance:

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) E. J. Hagg M. D.

(Address) 11 78 Griffins Ave.

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.....

Licensed Embalmer No. *2498*

P. O. Address *2769 Choate*

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, above space should be left blank.