DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31173

REC'D OCT 14 1939 791

Registration District No. 1008

Primary Registration District No.

Registrar's No. 8236

1. PLACE OF DEATH:

(a) County St Louis Mo

(b) City or town (If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution: Homer G Phillips (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 minutes (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St Louis Mo (If outside city or town limits, write "RURAL")

(d) Street No. 327 So. 21st St. (If rural, give location) 22

(e) If foreign born, how long in U.S.A. years

3. (a) PRINT FULL NAME Lula Elington 1152

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Col

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Mar (Month) 1 (Day) 1867 (Year)

8. AGE: Years 72 Months 6 Days 17 If less than one day hr. min.

9. Birthplace Ark (City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Louis Holliman
13. Birthplace Georgia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Reno ?
15. Birthplace Georgia (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary Stevenson

(b) Address 321 So 21 St

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Sept 25/39 (Month) (Day) (Year)

(c) Place: burial or cremation Rison Ark

18. (a) Signature of funeral director [illegible]

(b) Address 3028 [illegible]

19. (a) SEP 25 1939 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18 year 1939 hour 2 minute 45 A M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h. 2 30 am alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Apoplexy	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of 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)

(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 Alfred S Perry (M. D. or other)

Address Deputy Coroner Date signed 9-21-39

(Licensed Embalmer's Statement on Reverse Side)

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

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.

I X19511

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 Raymond C. Gehrke, ~~Registered Apprentice~~ Trainee No. 3985 (City

working under my personal supervision.

Signed: Rex C. Campbell

Licensed Embalmer No. 3881 (City #1

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.