DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8822

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2305

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St Marys Inf. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether

In this community 3 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County Madison

(c) City or town Venice NR (If outside city or town limits, write "RURAL")

(d) Street No. 1016 Douglas St. (If rural, give location)

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

3. (a) PRINT FULL NAME Martha Holliday

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race Colored

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

6. (b) Name of husband or wife Henry Holliday

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Feb (Month) 14 (Day) 1870 (Year)

8. AGE: Years 70 Months — Days 22 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housework.

11. Industry or business at Home

FATHER
12. Name Anthony Randolph
13. Birthplace Forest City (City, town, or county) Ark (State or foreign country)

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

16. (a) Informant's own signature Vermit Holliday

(b) Address 1016 Douglas Venice Ill

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof March 8 1940 (Month) (Day) (Year)

(c) Place: burial or cremation East St Louis Ill

18. (a) Signature of funeral director J L Marshall

(b) Address 2205 Mo. Ave. East St Louis Ill

19. (a) (Date received local registrar) MAR 8 1940 (b) J F Bartlock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1940 hour 8 minute A M.

21. I hereby certify that I attended the deceased from Feb. 27, 1940, to Mar. 7, 1940; that I last saw her alive on March 7, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	3 da
Due to Fracture of Neck of Femur with a coxa vara deformity + Anemia	unknown
Due to (an old fracture) from fall 2 years ago	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None

Of autopsy None

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 D Neare Williams (M. D. or other)

Address Lovejoy Ill Date signed 3-8-40

(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.

REV. 6-17-39 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Robert H. Powell

Licensed Embalmer No. 3402

P. O. Address 3100 Franklin

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.