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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 22 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37253

State File No. 9483

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

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

1. PLACE OF DEATH:
(a) County St. Louis
(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. Mary's Infirmary (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County St. Clair
(c) City or town E. St. Louis N.R. (If outside city or town limits, write "RURAL")
(d) Street No. 1414 A Kansas Avenue (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Dorsey Hollinshed
3. (b) If veteran, name war No
3. (c) Social Security No. 355-01-2166
4. Sex Male
5. Color or race Col.
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife No
6. (c) Age of husband or wife if alive No years
7. Birth date of deceased Nov. (Month) 1 (Day) 1874 (Year)

8. AGE: Years 67 Months 0 Days 26 If less than one day hr. min.

9. Birthplace Starksville (City, town, or county) Mississippi (State or foreign country)
10. Usual occupation Laborer -night watchman.
11. Industry or business N. Y. A. Building
FATHER
12. Name Moses Hollinshed
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknonw (City, town, or county) (State or foreign country)
16. (a) Informant C. P. Hollinshed
(b) Address 1414 A Kansas Ave
17. (a) removal (Burial, cremation, or removal) (b) Date thereof Nov 29 1941 (Month) (Day) (Year)
(c) Place: burial or cremation East St. Louis
18. (a) Signature of funeral director C. T. Nash
(b) Address 111 N. 13th St
19. (a) NOV 29 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27 year 1941 hour 9 minute 21 A.M.
21. I hereby certify that I attended the deceased from 11-26-41, to 11-27-1941 that I last saw him alive on 11-27-1941 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Bilateral Bronchopneumonia

Duration

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 J. C. Davis (M. D. or other) M.D.
Address 1536 Papin Date signed 11/29/41

(Licensed Embalmer's Statement on Reverse Side)

MAR 27 1942

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 3847 Page Blvd., Registered Apprentice No. working under my personal supervision.

Signed C. T. Nash

Licensed Embalmer No. 2432

P. O. Address 3847 Page

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

If this body is not embalmed, fact should be so stated above.