

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town..... St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. 8 days  
(Specify whether  
 In this community..... Life  
years, months or days)

3. (a) PRINT FULL NAME..... Elmer Hollis  
 3. (b) If veteran, name war.....  
 3. (c) Social Security No.....

4. Sex..... Male 2  
 5. Color or race..... Negro  
 6. (a) Single, widowed, married, divorced..... Widower 2  
 6. (b) Name of husband or wife.....  
 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased..... August 1, 1859  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>8</u>	<u>2</u>	..... hr. .... min.

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

10. Usual occupation.....

11. Industry or business..... Unknown

MOTHER FATHER

12. Name..... Unknown

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

14. Maiden name..... Unknown

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

16. (a) Informant..... Shirley Smith

(b) Address..... 2601 W. Whitaker St.

17. (a) Funeral Home (b) Date thereof..... 4-15-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Washington

18. (a) Signature of funeral director..... W. R. Riddle

(b) Address..... 3500 Rutger

19. (a) APR 28 1942 (b) J. B. Predeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....  
 (c) City or town..... St. Louis, Mo. 21 17 000  
(If outside city or town limits, write "RURAL")  
 (d) Street No..... 2616 Chestnut 9  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... April 3, day.....  
 year..... 1942 hour..... 12 minute..... 50 P. M.

21. I hereby certify that I attended the deceased from..... March  
26, 1942 to..... April 3, 1942.  
 that I last saw him alive on..... April 3, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Chr. Glomerular Nephritis with Hypertension

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....

Of autopsy.....

Duration  
Unknown

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?.....

While at work?.....  
(Specify type of place) (e) Means of injury.....

23. Signature..... J. W. Johnson (M. D. or other).....

Address..... 2601 W. Whitaker Date signed..... 4/6/42

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**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.....

P. O. Address.....

**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, fact should be so stated above.**