V. S. No. 2
50M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30933

FILED OCT 13 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8755

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 18 days (Specify whether years, months or days)

In this community Life 0

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County

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

(d) Street No. 3415a Lucas Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George Holley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 7 (Month) 22 (Day) 1943 (Year)

8. AGE: Years | Months 2 | Days 7 | If less than one day hr. min.

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

10. Usual occupation Child

11. Industry or business

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

MOTHER
14. Maiden name Elizabeth Holley
15. Birthplace Saint Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Elizabeth Holley
(b) Address 3415a Lucas Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/4/43 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director J. Russell Mul. Co.
(b) Address 2732 Pine Blvd.

19. (a) OCT 4 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 29, year 1943 hour 8 minute 20 P. M.

21. I hereby certify that I attended the deceased from September 11, 1943, to September 29, 1943 that I last saw him alive on September 29, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia - Primary	18 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

108

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?

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

23. Signature C. R. Merry (M. D. or other)

Address 2601 Whittier St. Date signed 10/1/43

(Licensed Embalmer's Statement on Reverse Side)

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 Joel W. Russell Jr.

Licensed Embalmer No. 4364

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.