

U. S. No. 2  
DOM-5-43  
Rev. 5-17-39  
No. 1 X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

5159

State File No.....

FILED MAR 13 1944

318

Registration District No.....

Primary Registration District No.....

Registrar's No.....

2157

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:  
710 Eastgate  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether  
years, months or days) 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

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

(d) Street No. 710 Eastgate  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Horace Caldwell Gollithan

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex M 5. Color or Race W

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

6. (b) Name of husband or wife Frank C.

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Jan 16 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 1 16 hr. min.

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

10. Usual occupation Retired Pullman Conductor

11. Industry or business.....

MOTHER, FATHER { 12. Name James William Gollithan

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

14. Maiden name (Unknown) Sharp

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

16. (a) Informant Georgina Gollithan

(b) Address 710 East gate

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/44  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetary

18. (a) Signature of funeral director Alexander R. Gours

(b) Address 6175 Delmar

19. (a) MAR 4 1944 (Date received local registrar) J. F. Bredack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd  
year 1944 hour 4 minute 9 M.

21. I hereby certify that I attended the deceased from 12/28, 1943, to 2/2, 1944  
that I last saw him alive on 2/2 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to.....

Due to.....

Other conditions Old age  
(Include pregnancy within 6 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)..... as above

(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. F. Bredack (M. D. or other)  
Address 319 N Broadway Date signed 2/4/44

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

*Thomas R. Demwick*

Licensed Embalmer No.....

*3793*

P. O. Address.....

*St Louis Mo*

**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.**