

FILED MAR 13 1944 218
Registration District No.

Primary Registration District No. 1003

Registrar's No. 2058

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:
4201 Flad Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution at home
(Specify whether
In this community 4 years
years, months or days)

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. 4201 Flad
(If rural, give location)
(e) If foreign born, how long in U. S. A.? XXX 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 29th
year 1944 hour 7:30 P.M. date _____ M.
21. I hereby certify that I attended the deceased from Feb 25
1944 to Feb 29 1944

that I last saw her alive on Feb 28 and that death occurred on the 29th date and hour stated above.

Immediate cause of death Labor Complication Duration 3 days
Due to Peritonitis

Due to _____

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

Major findings: 108
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)
Means of injury _____
23. Signature W. J. Fisher (M. D. or other)
Date signed 3-1-44

3. (a) PRINT FULL NAME Mrs. LUCY MAY HOLDING,

3. (b) If veteran, name war XXX 3. (c) Social Security No. XXX

4. Sex female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles Holding 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased. December 2nd 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 27 If less than one day hr. _____ min. _____

9. Birthplace Peablo, Colorado, /
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business housework

12. Name Hiram Watkins,

13. Birthplace (not known) /
(City, town, or county) (State or foreign country)

14. Maiden name Mary Colger,

15. Birthplace (not known) /
(City, town, or county) (State or foreign country)

16. (a) Informant Mabelle Holding & Charles

(b) Address 4201 Flad, St. Louis

17. (a) removal (b) Date thereof 3/1, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Collinsville, Illinois

18. (a) Signature of funeral director J. F. Bruders
(b) Address Collinsville Illinois,

19. (a) MAR 1 1944 (b) J. F. Bruders
(Date received local registrar) (Registrar's signature)

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

