

**FILED APR 1 1944 318**

Registration District No. \_\_\_\_\_ 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:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 15 days  
(Specify whether  
 In this community 2 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. 3507 So. 2nd St.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Bert Holloway  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. 33-18-9520

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mabel 6. (c) Age of husband or wife if alive 60 years  
 7. Birth date of deceased Oct. 10, 1887  
(Month) (Day) (Year)

**8. AGE:** Years 56 Months 5 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Caurdan Co., Mo. (City, town, or county) (State or foreign country)  
 10. Usual occupation Steel Worker

11. Industry or business Amer-Steel Foundry  
**MOTHER** { 12. Name Dave Holloway  
 13. Birthplace Unknown (City, town, or county) (State or foreign country)  
 14. Maiden name Lusian Gauy  
 15. Birthplace Unknown (City, town, or county) (State or foreign country)

**FATHER** { 16. (a) Informant Richard Holloway  
 (b) Address St. Clair, Mo.  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/44  
(Month) (Day) (Year)  
 (c) Place: burial or cremation Mt. Zion

18. (a) Signature of funeral director Sherwood Kitchell  
 (b) Address St. Clair, Mo.  
 19. (a) MAR 21 1944 (Date received local registrar) J. F. Bradach (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 15th  
 year 1944 hour 10:50 minute \_\_\_\_\_ A. M.  
 21. I hereby certify that I attended the deceased from March 1st  
1944, to March 15th, 1944  
 that I last saw him alive on March 15th, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions 83  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy Refused

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?  
 While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
 23. Signature Frank Finley (M. D. or other) h. o.  
 Address 1515 Lafayette Date signed 3/15/44

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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.....

*Sherrill Fitchell*

Licensed Embalmer No. 3873

P. O. Address St. Clair, 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.**