V. S. No. 2
50M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 10 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

9278

State File No.

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 107

14

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

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp. No 1 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 yr. 5 mo 28 da (Specify whether
In this community 6 yr. 5 mo 28 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis
(c) City or town St Louis 14
(If outside city or town limits, write "RURAL")
(d) Street No. 1807 Pendleton Ave 1
(If rural, give location)
(e) Citizen of foreign country? no 0 2 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Stafford Holliday
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male
5. Color or race colored
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nila Holliday
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 70 Months Days If less than one day hr. min.

9. Birthplace Clinton (City, town, or county) Mo (State or foreign country)
10. Usual occupation not given
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Nila Holliday
(b) Address 1807 Pendleton Ave. St Louis Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-29-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem St Louis Mo
18. (a) Signature of funeral director Lone Und. Co
(b) Address 3103 Washington Ave
19. (a) 3-29-1945 (Date received local registrar) (b) Jesse Mosenkopf (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 45 hour 7 minute 30 A M.
21. I hereby certify that I attended the deceased from March 1, 1945 to March 27, 1945;
that I last saw him alive on March 26, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to Generalized arterio-sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 93d

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Forrest Thomas (M. D. or other) 0
Address Fulton Mo State Hosp No 1 Date signed 3/28/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 4-9-63

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 W. Claude Gordon

Licensed Embalmer No. 3487

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.