. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22068

FILED AUG 11 1945

Registration District No. 818 Primary Registration District No. Registrar's No. 6783

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: Park Plaza; #220 No.Kingshighway Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St.Louis, 17
(If outside city or town limits, write "RURAL")
(d) Street No. # 220 No.Kingshighway Blvd.
(If rural, give location)
(e) Citizen of foreign country? no 9 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Logan Holley.

3. (b) If veteran, name war World War I.

3. (c) Social Security 488-10-4183.

4. Sex Male 0

5. Color or race White

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 June (Month) 19, (Day) 1888. (Year)

8. AGE: Years 57. Months 1. Days 12. If less than one day hr. min.

9. Birthplace Damascus, (City, town, or county) Ohio. (State or foreign country) 1

10. Usual occupation V. P. & Director of the

11. Industry or business Southwestern Bell Telephone Co.,

FATHER
12. Name John Benjamin Holley.
13. Birthplace Unknown. (City, town, or county) U. S. A. (State or foreign country) 9

MOTHER
14. Maiden name Fanny Ora Iler.
15. Birthplace Unknown. (City, town, or county) U. S. A. (State or foreign country) 9

16. (a) Informant Bell Telephone Records.
(b) Address 1010 Pine Street.

17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof 8/5/45. (Month) (Day) (Year)
(c) Place: burial or cremation Los Angeles, Calif.,

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address 4353 Delmar Blvd.

19. (a) AUG 1 1945 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st year 1945 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan 8, 1945 to 7-31, 1945 that I last saw him alive on 7-30, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage.	Sudden
Due to Arterio-sclerosis	
Due to Hypertension	4 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations —
Of autopsy None performed

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) no
(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 George Stecker (M. D. or other)
Address 634 N. Grand Date signed 8/1/45

(Licensed Embalmer's Statement on Reverse Side)

Mo. Theatre Bldg.
JE-5354
10:30 to 12 noon.

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City

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.