

FILED NOV 2 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9253

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: Peoples Hospital
(If not a hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2420 N. Whittier 119
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HARRISON H. HOLLIE

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

4. Sex Male 5. Color or race negro 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased May 22 1881
(Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days 27 If less than one day hr. _____ min. _____

9. Birthplace Tuscaloosa Ala
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Printing

12. Name Peter Hollie

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

14. Maiden name Unknown

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

16. (a) Informant Harrison H. Hollie

(b) Address 711 N. Jefferson, St. Louis, Mo

17. (a) Removal (b) Date thereof Oct 26 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Meridian Miss

18. (a) Signature of funeral director Thomas funeral

(b) Address 2805 W. 11th St

19. (a) OCT 28 1945 (b) J. J. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25
year 1945 hour 7⁰⁰ AM minute 20 A.M.

21. I hereby certify that I attended the deceased from 9-26-45
1945 to 10-24- 1945
that I last saw him alive on 10-24- 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis
Hypertensive heart disease
Due to Chronic interstitial nephritis - Hypertensive heart disease
Due to heart disease

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

Major findings: Of operations _____
Of autopsy _____

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) (e) Means of injury _____

23. Signature J. J. Bredeek (M. D. number) _____
Address 2704 3/4 Franklin Date signed 10-25-45

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

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17
9

Embalmer separate cert. to be filed

OCT 26 1945
OCT 26 1945

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.....

Licensed Embalmer No.....

P. O. Address.....

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.