

20298
FILED DEC 21 1945
318

Registration District No. 318 Primary Registration District No. 1003 State File No. _____ Registrar's No. 10280

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location) Memorial

(d) Length of stay: In hospital or institution 26 days
(Specify whether _____)

In this community 75 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4130a DeTonty St.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY HOLLYWOOD

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

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

6. (b) Name of husband or wife Thomas Hollywood 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 22, 1859
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9th
year 1945 hour 2:15 minute P M.

21. I hereby certify that I attended the deceased from 11/17/45
_____, 19____, to 12/9/45, 19____;
that I last saw her alive on 12/9/45, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
86 0 17 19 hr. _____ min.

Immediate cause of death Arteriosclerosis

Due to _____

Due to _____

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

10. Usual occupation at home

Other conditions (Include pregnancy within 3 months of death) 97

11. Industry or business _____

12. Name Nicholas Brown

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

14. Maiden name Catherine Farris

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mary Duffy

(b) Address 4130a DeTonty St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/45
(Month) (Day) (Year)

* (c) Place: burial or cremation Calvary Cemetery

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? _____

18. (a) Signature of funeral director Cullinane Brothers

(b) Address 3320 North Kingshighway

19. (a) DEC 11 1945 (Date received local registrar) (b) J. F. Bruch (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature DeTonty 1515 Lafayette (City or town) (County) (State) (Date of signer) _____
Address _____ Date signed _____

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

MOTHER FATHER

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

Fred Frick

Licensed Embalmer No. #3186

P. O. Address. St. Louis, Missouri.

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.