

STANDARD CERTIFICATE OF DEATH

State File No.

416
495

FILED JAN 25 1948
318

1003

Registrar's No.

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town ST LOUIS
(c) Name of hospital or institution: HOMER G. PHILLIPS HOSPITAL
(d) Length of stay: In hospital or institution. 2 YEARS
In this community 2 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS
(c) City or town SAINT LOUIS
(d) Street No. 1876 GOODE AVE
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME CAROLINE HOLLIS

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

4. Sex F 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife. — 6. (c) Age of husband or wife if alive. — years
7. Birth date of deceased. — 1882

8. AGE: Years 63 Months — Days — If less than one day — hr. — min.

9. Birthplace ANGUILLA, MISS

10. Usual occupation Unknown

11. Industry or business —

MOTHER FATHER { 12. Name — 13. Birthplace — 14. Maiden name — 15. Birthplace —

16. (a) Informant COY HALL

(b) Address 4340 GARFIELD

17. (a) BURIAL (b) Date thereof 1 17 46

(c) Place: burial or cremation RENOVA, MISS

18. (a) Signature of funeral director ONE RONALD MATHIAS

(b) Address 1711 NO. TAYLOR

19. (a) JAN 16 (b) J. F. Bredeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15th year 1946 hour 11:05 minute A. M.

21. I hereby certify that I attended the deceased from 12-15- 1945 to 1-15- 1946
that I last saw her alive on 1-15- 1946
and that death occurred on the date and hour stated above.

Immediate cause of death TRACHEL BRONCH PNEUMONIA Duration 1-12-46

Due to MYOCARDIAL DEGENERATION UNKNOWN

Due to —

Other conditions 93
(Include pregnancy within 3 months of death)

Major findings: Of operations — Of autopsy — PHYSICIAN —

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? —
(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. C. Shepard (M. D. or other) —
Address 2707 Franklin Date signed 1-16-46

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.....

James W. Woodson

Licensed Embalmer No.....

4541

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.