

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town South Kinloch
(If outside city or town limits, write "RURAL")
(d) Street No. None listed (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Holliday
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 Wid.
6. (b) Name of husband or wife Unk 6. (c) Age of husband or wife if alive Unk years
7. Birth date of deceased Sept. 9 1966
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation Unknown

11. Industry or business _____

MOTHER FATHER } 12. Name Bill Holliday
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Palmore
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Rhodes
(b) Address 2601 N Whittier St

17. (a) Burial (b) Date thereof Dec 7 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Boyd Bus
(b) Address So. Kinloch Mo

19. (a) DEC 1 1946 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 1 year 1946 hour 10 minute 20 P. M.
21. I hereby certify that I attended the deceased from 10-25- 19 46 to 12-1 19 46
that I last saw him alive on Dec. 1 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia with Chronic Glomerulonephritis; Hypertrophy of Prostate Duration Undet.

Due to _____
Due to 131
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy No
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? D
(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)
(c) Means of injury _____

23. Signature P. W. Brown (M. D. or other) _____
Address 2601 N Whittier Date signed 12/3/46

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

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 Larry King, Registered Apprentice No. 318 working under my personal supervision.

Signed Lawrence W. Edwards

Licensed Embalmer No. 4341

P. O. Address St Louis 18 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.