

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 24 1947  
318  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10995  
Registrar's No. 2670

Registration District No. 318 Primary Registration District No. 1003

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

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:  
4277a Kennerly Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 46 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4277a Kennerly Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARION HOLLIDAY  
3. (b) If veteran, name war #1  
3. (c) Social Security No. 493-10-1999

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 11th year 1947 hour 11 minute 00 A.M.  
21. I hereby certify that I attended the deceased from 3/7 1947, to 3/11 1947, that I last saw him alive on 3/11 1947 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race C  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Eleanor  
6. (c) Age of husband or wife if alive 49 years  
7. Birth date of deceased Unavailable 1893  
(Month) (Day) (Year)

Immediate cause of death  
Coronary Decompensation  
Due to Thyroidemia Duration 3y  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) no

8. AGE: Years Months Days If less than one day  
Abt 54 hr. min.

PHYSICIAN  
Major findings: Of operations \_\_\_\_\_  
Of autopsy no  
Underline the cause to which death should be charged statistically.

9. Birthplace Hannibal Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Shipping clerk  
11. Industry or business Hoffern Neuhoff Jewelry Co.

MOTHER FATHER  
12. Name Alex Holliday  
13. Birthplace Troy Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Emma Brown  
15. Birthplace Hannibal Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Eleanor Holliday  
(b) Address 4277a Kennerly Ave.  
17. (a) Burial (b) Date thereof 3-14-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation National Cemetery  
18. (a) Signature of funeral director Chas. J. Gates  
(b) Address 4107 Finney Ave.  
19. (a) MAR 13 1947 (b) J. F. Prodek  
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury 0  
23. Signature J. F. Prodek (M. D. or other)  
Address 11 N. Jefferson Ave. Date signed 3/11/47

**STATEMENT BY LICENSED EMBALMER**

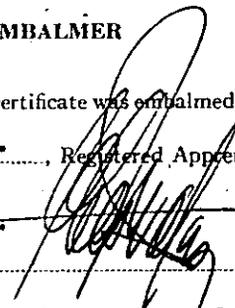
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

John Cunningham

Registered Apprentice No. 452

working under my personal supervision.

Signed.....

  
Licensed Embalmer No. 1825

P. O. Address. 4107 Finney Ave.

**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.**