S. No. 2
M—1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 30 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22334

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 5105

1. PLACE OF DEATH:
(a) County
(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: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Marion
(c) City or town Centralia
(If outside city or town limits, write "RURAL")
(d) Street No. 152 Eula Avenue.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) NR.
If yes, name country

3. (a) PRINT FULL NAME Scotti Diane Hollowby
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 11 (Day) 1946 (Year)

8. AGE: Years | Months 6 | Days 8 | If less than one day hr. min.

9. Birthplace Alton (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Infant
11. Industry or business

FATHER
12. Name Irving B. Hollowby
13. Birthplace Dalmyra (City, town, or country) Illinois (State or foreign country)

MOTHER
14. Maiden name Mevalyn Colleen Hesseltime
15. Birthplace Cincinnati, Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Irving B. Hollowby
(b) Address 152 Eula Ave., Centralia,
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/20/47 (Month) (Day) (Year)
(c) Place: burial or cremation Centralia, Illinois
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,
19. (a) MAY 2? 1947 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1947 hour 10 minute 10a M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Cerebral Hemorrhage
Due to (Ventricular Punctate)
Due to: Atelectasis Bilaterally
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Deloyd J. Perry M. D. or other
Address Dep Colonia Date signed 5/21/

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 John S. Kennedy

Licensed Embalmer No. 4194

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.