

Registration District No. 318

Primary Registration District No. 1003

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:
Enroute Homer Phillips Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT FULL NAME **Grant Holloway**

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

4. Sex **Male** 2 5. Color or race **Negro**
 6. (a) Single, widowed, married, divorced **M**
 6. (b) Name of husband or wife.....
Ada Holloway
 6. (c) Age of husband or wife if alive **29** years
 7. Birth date of deceased **March 23, 1899**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 2 28 hr. min.

9. Birthplace **Miss.**
(City, town, or county) (State or foreign country)10. Usual occupation **Day laborer**11. Industry or business **Independent Packing Co.**12. Name **Sam Holloway**13. Birthplace **Aberdeen, Miss.**
(City, town, or county) (State or foreign country)14. Maiden name **Annie Roberson**15. Birthplace **Aberdeen, Miss.**
(City, town, or county) (State or foreign country)6. (a) Informant **Ada Holloway**(b) Address **914 N. 21st Street**7. (a) **Burial** (b) Date thereof **6/25/48**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Washington Park Cem.**8. (a) Signature of funeral director **Russell Und., Co.**(b) Address **2732 rine Boulevard**9. (a) **JUN 25 1948** (b) **G. F. Bredak**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
 (c) City or town **St. Louis** 17
 (If outside city or town limits, write "RURAL.")
 (d) Street No. **914 N. 21st Street** 9
21 (If rural, give location) 0
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **21**
year **1948** hour **7** minute **30**

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.

Immediate cause of death **Chronic Pericarditis, hypertensive** Duration

Due to.....

Due to.....

Other conditions? **121**
(Include pregnancy within 3 months of death)

Major findings: Of operations..... PHYSICIAN

Of autopsy..... 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?..... (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 **3**23. Signature **W. J. Perry** (M. D. or other)Address **W. J. Perry** Date signed **6/25/48**

18

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 Clark Young

Licensed Embalmer No. 3371

P. O. Address St. Louis

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.