

FILED OCT 23 1948
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 G. PHILLIPS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3
(Specify whether years, months or days)

3. (a) PRINT FULL NAME James Holley

3. (b) If veteran, name war W.W # 2 3. (c) Social Security No.

4. Sex male 5. Color or race col 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elgie 6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 28th 1924
(Month) (Day) (Year)

8. AGE: Years 24 Months 22 Days 15 If less than one day hr. min.

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

10. Usual occupation File Clerk

11. Industry or business V.A. Center

12. Name Martin Holley

13. Birthplace Macon Miss
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Dooley

15. Birthplace Macon Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Allen

(b) Address 4732 Newberry Terrace

17. (a) burial (b) Date thereof 10-18-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Jefferson Brks

18. (a) Signature of funeral director J.H. Randle & Son

(b) Address 3133 Bell Avenue

19. (a) OCT 16 1948 (b) J. B. Lasater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1125 North 21st Street
(If rural, give location)
(e) Citizen of foreign country? 21 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13 Oct day
year 1948 hour 11 minute 30 P 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.

Immediate cause of death Sharp wound of hand inflicted with knife in the hands of one Edward Cowino by one Lester George Col at the former of Jefferson and Clark Ave around 1:30 P.M. Oct 13 1948

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations HPT Of autopsy HPT
ADDITIONAL INFORMATION
OCT 13 1948
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) Drowning
(b) Date of occurrence Oct 13 1948
(c) Where did injury occur? at home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Street
(Specify type of place) (e) Means of injury 5 other

While at work? _____
23. Signature Catman & Taylor (M. or other) Reginald
Address _____ Date signed 10/16/48

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.....

..... *Tyner Hall*, Registered Apprentice No. *221*
working under my personal supervision.

Signed *S. J. Stator*.....

Licensed Embalmer No. *2698*.....

P. O. Address *2769 Chouteau*.....

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.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8970

1. PLACE OF DEATH:

(a) County.....
(b) City or town.....
(c) Name of hospital or institution.....
Route to WATER G. PHILLIPS HOSPITAL
(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 James Holley

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

4. Sex Male 5. Color or race Cal 6. (a) Single, widowed, married, divorced.....

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased July 28 1912
(Month) (Day) (Year)

8. AGE: Years 24 Months 2 Days 2 If less than one day hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 10-16-1948 (b) J. B. Fosator
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County.....
(c) City or town St Louis (If outside city or town limits, write "RURAL")
Street No. 1125 N. 21st (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct Day 14 Year 1948 hour 1:30 minute a.m.

21. I hereby certify that I attended the deceased from..... to....., 19.....
that I last saw him..... alive on....., 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration

Due to.....
Due to around 1:30 a.m. Oct 14 1948

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

Major findings:
Of operations.....

Of autopsy.....

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 Oct-14-1948
(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.....

23. Signature Patrick E Taylor (M. D. or other) 10/6/48
Address 1027 Conroe Date signed

SUPPLEMENTARY

WRITE PRINTED OR UNREADABLE BLACK INK - MAIN - 11-1-48

MOTHER FATHER

