

FILED MAR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6331

1000 State File No. 1739

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) D.O.A.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 12 - 5061 Maple Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital #1				4. DATE (Month) (Day) (Year) OF DEATH Feb. 21, 1950			
3. NAME OF DECEASED (Type or Print) a. (First) Walter		b. (Middle) M.		c. (Last) Hollycross		4. DATE (Month) (Day) (Year) OF DEATH Feb. 21, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 21, 1903		9. AGE (In years last birthday) 47 OF UNDER 1 YEAR Months Days OF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bolt Heater		10b. KIND OF BUSINESS OR INDUSTRY Furnace		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John T. Hollycross		13b. MOTHER'S MAIDEN NAME Margaret Mc Neal		14. NAME OF HUSBAND OR WIFE Ida Mae Hollycross			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-07-9775		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ida Mae Hollycross 5061 Maple			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Hemorrhage DUE TO (c) Fibrosis apex right lung				INTERVAL BETWEEN ONSET AND DEATH 525X			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. small calcified nodules in both lungs							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION (Supplementary report)		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:40 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Catharine B Taylor, Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 2-23-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/24/50		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE REC'D BY LOCAL REG. FEB-23 1950		REGISTRAR'S SIGNATURE J. B. Lassiter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Collier's Funeral Home 10123 87. Ches. Rd.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Charles

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.