

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21628

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5301**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>11 TOWN St Louis 2119</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>3234 Magazine</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Elijah</b> b. (Middle) c. (Last) <b>Holland</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 15 1950</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Cal</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb 19 - 1895</b>
9. AGE (In years last birthday) <b>65</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Porter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Labor</b>
11. BIRTHPLACE (State or foreign country) <b>St Louis County</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Tom Holland</b>		13b. MOTHER'S MAIDEN NAME <b>not known</b>	14. NAME OF HUSBAND OR WIFE <b>Emmie Holland</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Emmie Holland 3234 Magazine</b>

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.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gangrene of feet</b>		DUE TO (b) <b>Diabetes Mellitus</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>(Lower thigh amputated, left)</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <b>Slip</b>	

22. I hereby certify that I attended the deceased from **4-11 1950**, to **6-15 1950**, that I last saw the deceased alive on **6-15 1950**, and that death occurred at **6:15a** m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) **Montague Lawrence M.D.** 23b. ADDRESS **2601 N Whittier St** 23c. DATE SIGNED **6-15-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **6-19-50** 24c. NAME OF CEMETERY OR CREMATORY **?** 24d. LOCATION (City, town, or county) (State) **St Louis County**

DATE REC'D BY LOCAL REG. **JUN 16 1950** REGISTRAR'S SIGNATURE **J. B. Lasater** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **A. D. Richardson 2625 Glasgow**

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed AD Richardson

Signed.....  
Student Embalmer

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow

**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.