

FILED AUG 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29021

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>1976</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PINE LAWN</u>		c. LENGTH OF STAY (in this place) <u>4150</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PINE LAWN</u>		<u>4150</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4510 JENNINGS Rd.</u>				d. STREET ADDRESS (If rural, give location) <u>4510 JENNINGS Rd.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JENNIE</u>			b. (Middle) <u>A.</u>		c. (Last) <u>HOLLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 16 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 8 1876</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <u>William Watkins</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>John C. Holley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CARL HOLLEY SON 4510 JENNINGS</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Cardio Degeneration</u> DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>4343</u>					INTERVAL BETWEEN ONSET AND DEATH  <u>2 weeks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>4343</u>					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 <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 <u>July 29, 1950</u> , to <u>Aug. 16, 1950</u> , that I last saw the deceased alive on <u>Aug. 16, 1950</u> , and that death occurred at <u>4:29 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dr. M. M. Wittler</u>				23b. ADDRESS <u>140 6850 Page</u>		23c. DATE SIGNED <u>8-18-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8/19/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>		
DATE REC'D BY LOCAL REG. <u>8-18-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Danke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mark Lennon</u>		ADDRESS <u>6100 W. Florissant</u>		

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**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. 4174

working under my personal supervision.

Student .....  
Student Embalmer

Signed Mark L. Lannon

Licensed Embalmer No. \_\_\_\_\_

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.