No. 300
10.48

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35534

BIRTH NO. 1 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2647

1. PLACE OF DEATH
a. COUNTY: St. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLAYTON
c. LENGTH OF STAY (In this place): 2 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. LOUIS COUNTY HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: St. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): OVERLAND
d. STREET ADDRESS (If rural, give location): 9417 - LIBERTY AVE.

39 4391

3. NAME OF DECEASED (Type or Print)
a. (First): VIRGINIA
b. (Middle):
c. (Last): Hollingsworth

4. DATE OF DEATH (Month) (Day) (Year): October 31 1950

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): M
8. DATE OF BIRTH: OCT. 28, 1898
9. AGE (In years last birthday): 52
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): SEDALIA, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: DAVID APPERSON
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: JOHN E. HOLLINGSWORTH

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.: NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: JOHN E. HOLLINGSWORTH 9417 - LIBERTY AVE OVERLAND - 14 - MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c) Diabetes Mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
260X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 260X
20. AUTOPSY? YES ☑ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 8, 1950, *to* Oct. 31, 1950, *that I last saw the deceased alive on* Oct. 31, 1950, *and that death occurred at* 6:30 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.
23b. ADDRESS: 601 S. Brentwood Blvd
23c. DATE SIGNED: 10-31-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-2-1950
24c. NAME OF CEMETERY OR CREMATORY: Laurel Hill Cemetery
24d. LOCATION (City, town, or county) (State): Wellston, Mo.

DATE REC'D BY LOCAL REG.: 11-2-50
REGISTRAR'S SIGNATURE: H. R. Donke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Baumann Bros. Inc. Overland, Mo.

(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 B#54

.....,

working under my personal supervision.

Student Embalmer No.....

Signed David T. Gibson

Signed.....
Student Embalmer

Licensed Embalmer No. 3454

P. O. Address Portland 14

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.