

FILED OCT 26 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **35657**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 4464		Registrar's No. 2516	
1. PLACE OF DEATH 2308 Gilrose Ave.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY St. Louis County Mo.		a. STATE Mo.		b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give town) Overland Mo.		c. LENGTH OF STAY (in this place) 24		c. CITY (If outside corporate limits, write RURAL and give township) Overland Mo.		4241	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2308 Gilrose Ave.				d. STREET ADDRESS (If rural, give location) 2308 Gilrose Ave.			
3. NAME OF DECEASED (Type or Print)		a. (First) Owen		b. (Middle) Wells		c. (Last) Holloway	
4. DATE OF DEATH		(Month) 10		(Day) 17		(Year) 50	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 20, 1869		9. AGE (In years last birthday) 81	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Train Dispatcher		10b. KIND OF BUSINESS OR INDUSTRY Rail Road		11. BIRTHPLACE (State or foreign country) Middletown Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Marion Holloway		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Olive Holloway			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Maxine Wright ADDRESS 2308 Gilrose Ave.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Branchiopneumonia				2 wk	
		ANTECEDENT CAUSES		DUE TO (b) Arteriosclerosis			
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Cardiovascular dis		5 yrs	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Blindness due to optic nerve atrophy				20 yrs	
19a. DATE OF OPERATION None		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., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4221			
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 13 Oct 50 to 17 Oct 50 that I last saw the deceased alive on 13 Oct 50 , and that death occurred at 6:30 P.M. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Richard David MD				23b. ADDRESS 3720 Washington St. Jan.		23c. DATE SIGNED 18 Oct 50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/19/50		24c. NAME OF CEMETERY OR CREMATORY Eldon Cemetery		24d. LOCATION (City, town, or county) (State) Eldon Mo. Miller County	
DATE REC'D BY LOCAL REG. 10-18-50		REGISTRAR'S SIGNATURE W. Donker MD		25. FUNERAL DIRECTOR'S SIGNATURE Collier's Funeral Home ADDRESS 10123 St. Charles			

4001

WRITE PLAINLY—USING UNFAADING 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 Rd

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.