

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

24749

State File No.

FILED AUG 15 1951

No. 300
10.48

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6830**

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 township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2219		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1438 Sarsfield Pl.		b. STREET ADDRESS (If rural, give location) 1438^c Sarsfield Pl.				
3. NAME OF DECEASED (Type or Print) a. (First) CREACY b. (Middle) c. (Last) HOLIDAY			4. DATE OF DEATH (Month) (Day) (Year) 7 27 1951			
5. SEX F 3	6. COLOR OR RACE C	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH MAR 8 1888		9. AGE (In years last birthday) 63 4 19 9 19 11 19	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BIRMINGHAM ALA		
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME MARIE		14. NAME OF HUSBAND OR WIFE PERCY HOLIDAY		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Flora C. Brooks 2735 Stoddard		
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				INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Colon				
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Colon December 22, 1950			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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 153X		
22. I hereby certify that I attended the deceased from 12-22, 1946 to 7-27, 1947, that I last saw the deceased alive on 7-27, 1947, and that death occurred at 2:40 m., from the causes and on the date stated above.						
23a. SIGNATURE J. J. Edmonds M.D. (Degree or title)			23b. ADDRESS 1976 Franklin Ave.		23c. DATE SIGNED 7-28-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-1-51		24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK		
				24d. LOCATION (City, town, or county) (State) ST. LOUIS CO., MO.		
DATE REC'D BY LOCAL REG. AUG 31 1951		REGISTRAR'S SIGNATURE J. B. Kasater		25. FUNERAL DIRECTOR'S SIGNATURE A. F. Walton 2702 Stoddard		

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

Arthur L. Holliard

Licensed Embalmer No. *4221*

P. O. Address *4740^a - Co. W. Fla.*

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.