

FILED JAN 17 1953
County

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4214
State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 0072

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) b. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Hillsdale</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Hillsdale</u> | |
| c. LENGTH OF STAY (in this place) <u>27 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>2120 68th Street</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2120 68th Street</u> | | e. STREET ADDRESS <u>2120 68th Street</u> | |

| | | | | |
|--|--------------------------|-----------------------|--------------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Samuel</u> | b. (Middle) <u>J.</u> | c. (Last) <u>Hollingsworth</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 7 - 1953</u> |
|--|--------------------------|-----------------------|--------------------------------|---|

| | | | | | | |
|--------------------|-------------------------------|---|-----------------------------------|---|--|---|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>10/1/1888</u> | 9. AGE (In years last birthday) <u>64</u> | 10. UNDER 1 YEAR Months _____ Days _____ | 11. UNDER 100 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|-----------------------------------|---|--|---|

| | | | |
|--|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman-Cabinet Wk.</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Mengel Cabinet Work Co.</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Vincennes, Indiana</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|--|--|--|---|

| | | |
|--|--|--|
| 13a. FATHER'S NAME <u>Samuel Hollingsworth</u> | 13b. MOTHER'S MAIDEN NAME <u>Luella Fuller</u> | 14. NAME OF HUSBAND OR WIFE <u>Clara Hollingsworth</u> |
|--|--|--|

| | | | |
|--|--|---|--------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>490-01-2139</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>mrs. Clara Hollingsworth</u> | ADDRESS <u>2120 68th</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 | | INTERVAL BETWEEN ONSET AND DEATH <u>20"</u> <u>10 YRS</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary arteriosclerosis</u> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>4201</u> | |

| | | |
|------------------------|----------------------------------|---|
| 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? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from Dec 24, 1944 to Jan 7, 1953, that I last saw the deceased alive on Dec. 16, 1952, and that death occurred at 6:45 PM from the causes and on the date stated above.

| | | | |
|--------------------------------------|-------------------------------|---|--------------------------------|
| 23a. SIGNATURE <u>John P. Harner</u> | (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>114 N. Taylor, St. Louis Mo</u> | 23c. DATE SIGNED <u>1-8-53</u> |
|--------------------------------------|-------------------------------|---|--------------------------------|

| | | | |
|---|--------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1/10/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Matthews Cemetery St. Louis, Mo.</u> | 24d. LOCATION (City, town, or county) (State) |
|---|--------------------------|--|---|

| | | | |
|---|--|---|---------------------------------|
| DATE REC'D BY LOCAL REG. <u>1-10-53</u> | REGISTRAR'S SIGNATURE <u>Hubert R. Domb - M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Drehmann-Harral</u> | ADDRESS <u>1905 Union Blvd.</u> |
|---|--|---|---------------------------------|

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. John L. Horner
114 N. Taylor

Thur - afternoon
Friday - forenoon

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

Albert R. Thompson

Licensed Embalmer No. _____

P. O. Address

*43 V 37
St. Louis*

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.