

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

State File No. **40610**
Registrar's No. **10678**

FILED NOV 24 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY 2207	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2833 REAR STODDARD		d. STREET ADDRESS (If rural, give location) 20 1525 N. LEFFINGWELL	
3. NAME OF DECEASED (Type or Print) a. (First) ORA b. (Middle) GEAN c. (Last) HOLLOWAY		4. DATE OF DEATH (Month) (Day) (Year) 11-7-53	
5. SEX 3 FEMALE	6. COLOR OR RACE COLORED	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH SEPT. 12, 1950
9. AGE (In years last birthday) 3	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL	11. BIRTHPLACE (City and State or Foreign Country) 9	12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME O'NEAL	13b. MOTHER'S MAIDEN NAME HOLLOWAY MILDRED TOLIVER	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mildred Holloway 1525 N. Leffingwell	ADDRESS 1525 N. Leffingwell
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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) CARBON MONOXIDE POISONING: suffered		
	ANTECEDENT CAUSES in fire of undetermined origin in home Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) at 2833-a rear Stoddard St., about 4:45 P.M., Nov. 7th, 1953. DAMAGE TO BUILDING \$1,000 CONTENTS: \$300.00		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-7-53 4:45 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? See Above E9160

22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at **5:05 P.M.**, from the causes and on the date stated above. **16**

23a. SIGNATURE Joseph Indelicato Deputy Planner 3	23b. ADDRESS 1320 Clark	23c. DATE SIGNED 11/10/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 11-12-53	24c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS CTY. MO
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DATE REC'D BY LOCAL REG. NOV 10 1953	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE A.F. WALTON	ADDRESS 2707 STODDARD ST.
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(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Arthur L. Heilliard*

Licensed Embalmer No. *4221*

P. O. Address *4524 Alder*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.