

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44674

State File No. _____

FILED DEC 29 1953

BIRTH NO. _____ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 547 Registrar's No. 3229

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
b. CITY OR TOWN <u>Richmond Heights</u>		c. CITY OR TOWN <u>Richmond Hts. 505</u>	
c. LENGTH OF STAY (In this place) <u>8 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1327 McCutcheon APT. H.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CARROLL</u> b. (Middle) <u>BROWN</u> c. (Last) <u>HOLMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 - 16 - 53</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>JUNE 6 - 1917</u>
9. AGE (In years last birthday) <u>36</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>EFFINGHAM ILL</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Public Schools</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>C. C. HOLMAN</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Cress</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>R. C. Holman</u>		ADDRESS <u>Effingham Ill</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary Edema</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs.</u> ANTECEDENT CAUSES <u>allergic rhinitis</u> DUE TO (b) <u>Unknown Cause</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</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 <u>15 Dec. 1953</u> to <u>16 Dec. 1953</u> , that I last saw the deceased alive on <u>15 Dec. 1953</u> , and that death occurred at <u>2:15 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Name or Title) <u>Edward J. Lunella M.D.</u>		23b. ADDRESS <u>3720 Washington Ave</u>	
23c. DATE SIGNED <u>12/17/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-17-53</u>	
24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>EFFINGHAM ILL</u>	
DATE REC'D BY LOCAL REG. <u>12/17/53</u>		REGISTRAR'S SIGNATURE <u>Walter R. Sprinkle</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Johnson & Sons</u>		ADDRESS <u>Effingham Ill</u>	

(Continued Embalmers' Statement on Reverse Side)

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

300
48

Handwritten notes:
2720-1-4
11/1/55

JAN 26 1954

JAN 12

NOV 3 1955

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 *Frank Proff*

Licensed Embalmer No. *4356*

P. O. Address *St Louis Mo*

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.