

FILED JAN 25 1954

STANDARD CERTIFICATE OF DEATH

State File No. **3609**

BIRTH NO. _____ REG. DIST. NO. **319** PRIMARY REG. DIST. NO. **6079** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY STE. GENEVIEVE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY STE. GENEVIEVE	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL STE. GENEVIEVE c. LENGTH OF STAY (in this place) 3 WEEKS		c. CITY OR TOWN STE. GENEVIEVE d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION STE. GENEVIEVE HOSPITAL		e. STREET ADDRESS (If rural, give location) RR #1 0950	

3. NAME OF DECEASED (Type or Print) a. (First) DERRAL b. (Middle) EUGENE c. (Last) HOLLIDAY			4. DATE OF DEATH (Month) (Day) (Year) JAN 18 54		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH NOV. 4 1951	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) ST LOUIS MO 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME CLARENCE HOLLIDAY		13b. MOTHER'S MAIDEN NAME DORIS YAKHAY		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Clarence Holliday Sr. Ste. Genevieve Mo ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burnt to Death		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) In the destruction of Home by fire			
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.		E9168 16			

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.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) P.R.#1 Ste Genevieve 095 MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 18 54 8:00P.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR Home Destroyed by fire

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 **8:00P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James K. Butler	23b. ADDRESS Ste Genevieve Mo	23c. DATE SIGNED 1-20-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE JAN 21 1954	24c. NAME OF CEMETERY OR CREMATORY MT. HOPE	24d. LOCATION (City, town, or county) (State) PERRYVILLE MO
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DATE REC'D BY LOCAL REG. Jan. 29, 1954	REGISTRAR'S SIGNATURE Arnold Basler 481	25. FUNERAL DIRECTOR'S SIGNATURE W.C. Butler Ste. Genevieve Mo ADDRESS _____
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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 ^{not} by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Geo. C. Bailer*.....

Licensed Embalmer No. *1985*

P. O. Address, *St. Lawrence*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.