

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38854

FILED NOV 22 1954

State File No. _____
Registrar's No. 9376

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>CREVE COEUR #730</u>	d. Is Residence within limits of city or incorporated town? <input type="checkbox"/> No <input type="checkbox"/> Yes
c. LENGTH OF STAY (In this place) <u>5 DAYS</u>		e. STREET ADDRESS (If rural, give location) <u>Route #1, Box 56A.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>PEARL</u> b. (Middle) <u>R.</u> c. (Last) <u>HOLLADAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 13 1954</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>12-9-83</u>	9. AGE (In years last birthday) <u>70</u>	# UNDER 1 YEAR <input type="checkbox"/> # UNDER 1 MONTH <input type="checkbox"/> # UNDER 1 HOUR <input type="checkbox"/> # UNDER 1 MIN. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Clinton, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>WILLIAM LUDWIGK</u>		13b. MOTHER'S MAIDEN NAME <u>LOU ELLEN ?</u>		14. NAME OF HUSBAND OR WIFE <u>SIDNEY HOLLADAY</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Elmer Weeks, Creve Coeur, Mo. Rt #1</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute and chronic pericarditis</u>			INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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. <u>Bilateral bronchopneumonia</u>			

19a. DATE OF OPERATION <u>10/9/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Acute cholecystitis</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <u>585X</u>	

22. I hereby certify that I attended the deceased from 10/9, 1954, to 10/13, 1954, that I last saw the deceased alive on 10/13, 1954, and that death occurred at 8:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard B. Windsor, M.D.</u> (Degree or title)		23b. ADDRESS <u>5535 Delmar St. Louis, Mo.</u>		23c. DATE SIGNED <u>10/14/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct. 16-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>	
		24d. LOCATION (City, town, or county) (State) <u>Kirkwood Mo.</u>			

DATE REC'D BY LOCAL REG. <u>OCT 15 1954</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schrader Funeral Home, Ballwin, Mo.</u>	
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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 by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard Bopp*.....

Licensed Embalmer No. *458*.....

P. O. Address *Bellwin, Va.*

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.