

STANDARD CERTIFICATE OF DEATH

38855

State File No.

FILED NOV 22 1954

318

1003

Registrar's No. 8949

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8949	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis, Mo</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>PINE LAWN #151</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>3729 SAHOME</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u>		b. (Middle) <u>Leslie</u>		c. (Last) <u>HOLLADAY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 30 1954</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>Nov 12 1886</u>	
9. AGE (In years last birthday) <u>67</u>		10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>INSPECTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ELECTRIC</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Williams Ville MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>HIRAM HOLLADAY</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA ELLEN HAYNIE</u>		14. NAME OF HUSBAND OR WIFE <u>MYRA 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>494-05-7787</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MYRA HOLLADAY 3729 SaHome</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					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 wks.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Vasculer Nephritis</u>					
		DUE TO (c) <u>Arterio-sclerotic heart disease</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) <u>4200</u>			
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>12-19, 1947</u> , to <u>9-30, 1954</u> , that I last saw the deceased alive on <u>9-30, 1954</u> , and that death occurred at <u>4:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>667 N. Grand</u>		23c. DATE SIGNED <u>10/1/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>OCT 3 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HOLLADAY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Williams Ville MO</u>	
DATE REC'D BY LOCAL REG. <u>OCT 2 1954</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>MAHN FUNERAL HOME No 100, mo</u>			

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

NOV 22 1954

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 GERALD J. MAHN, Student Embalmer No. 505 working under my personal supervision.

Student, Gerald J. Mahn
Signature of Student Embalmer

Signed Samuel J. Mahn
Licensed Embalmer No. 432

P. O. Address See Sato

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.