

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 16 1954

State File No.

10568

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is 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>Homer G. Phillips Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>2/ 3221 Bell Avenue</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elwood</u> b. (Middle) c. (Last) <u>Hollins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-18-54</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>March 24 1888</u>	9. AGE (In years last birthday) <u>66</u>	10. UNDER 1 YEAR Months <u>7</u> Days <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tobacco Factory Work</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Paducah Ky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Aaron Hollins</u>	13b. MOTHER'S MAIDEN NAME <u>Mahalia Johnson</u>	14. NAME OF HUSBAND OR WIFE
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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>489-10-5541</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy Kirksay</u>	ADDRESS <u>4121 Fairfax Ave</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Old right sided hemiplegia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>
	RECURRENT CAUSES <u>Recurrent Cerebral Thrombosis</u>		
	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.			

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>332 X</u>
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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?
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22. I hereby certify that I attended the deceased from 11-5-, 1954 to 11-18, 1954, that I last saw the deceased alive on 11-18, 1954, and that death occurred at 9:00a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. B. Williams, M.D.</u>	23b. ADDRESS <u>2601 N. Whittier Street</u>	23c. DATE SIGNED <u>11-19-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Nov 20 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Co. Mo</u>
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DATE REC'D BY LOCAL REG. <u>NOV 20 1954</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.H. Randle & Son</u>	ADDRESS <u>3133 Bell Ave</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..... *S. J. Watson*

Licensed Embalmer No. *269*

P. O. Address *2769 Chow*

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.