No. 300
10-48

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

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23878

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6157

1. PLACE OF DEATH
a. COUNTY: None
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): /
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G. Phillips Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: None
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ 0
e. STREET ADDRESS (If rural, give location): 3943 Labadie Avenue

2709

3. NAME OF DECEASED (Type or Print)
a. (First): Lulla
b. (Middle): V.
c. (Last): HOLLIDAY

4. DATE OF DEATH (Month) (Day) (Year): July 14, 1955

5. SEX: Female
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 10, 1921
9. AGE (In years last birthday): 33 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (City and State or Foreign Country): Unavailable, Ark.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Robert Childress
13b. MOTHER'S MAIDEN NAME: Unavailable
14. NAME OF HUSBAND OR WIFE: Amos Holliday

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 429-60-6044
17. INFORMANT'S SIGNATURE OR NAME: Amos Holliday — **ADDRESS**: 3943 Labadie Ave.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sodium Fluoride Poisoning — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) self inflicted at Home on the 14th of July, 1955, about

DUE TO (c) 1140 am., while suffering a

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* temparary mental aberration

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Suicide
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 14 55 1140 a.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 9717

22. I hereby certify that I attended the deceased from 3, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 356A m., from the causes and on the date stated above.

23a. SIGNATURE: Patrick J. Taylor (Degree or title) Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 7-16-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7-18-55
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Winn, Arkansas

DATE REC'D BY LOCAL REG.: JUL 18 1955
REGISTRAR'S SIGNATURE: J. Carl Smith MD
M.D.

25. FUNERAL DIRECTOR'S SIGNATURE: Cunningham & Moore, Inc, ADDRESS: 2405 Marcus

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John K. Cunningham

Licensed Embalmer No...4476

P. O. Address 2405 Marcus

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.