

FILED SEP 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27800

318

1003

Registrar's No. 7424

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis		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 Homer G. Phillips Hospital				STREET ADDRESS (If rural, give location) 5 943 Cabanne Cts. 2059			
3. NAME OF DECEASED (Type or Print) a. (First) Henry			b. (Middle) Holloway		c. (Last) Holloway		
4. DATE OF DEATH 8 7 55		5. SEX M		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, DIVORCED, WIDOWED, SEPARATED (Specify)	
8. DATE OF BIRTH Aug 26, 18 73		9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		11. BIRTHPLACE (City and State or foreign country) Lawrenceburg, Ind	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Unknown		13b. MOTHER'S MARDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Anderson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) unk.		16. SOCIAL SECURITY NO. unk.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jessie Higgs - 943 Cabanne			
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis. Cerebral Arteriosclerosis. 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. Bronchopneumonia				INTERVAL BETWEEN ONSET AND DEATH Undt.	
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)			
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? 334X			
22. I hereby certify that I attended the deceased from 7-27-1955, to 8-7-1955, that I last saw the deceased alive on 8-7-1955, and that death occurred at 12:50a m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Edw. B. Williams M.D.				23b. ADDRESS 2601 N. Whittier Street		23c. DATE SIGNED 8-8-55	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 8-31-55		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board Rowland-Aker Mortuary Services		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. AUG 24 1955		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Aker 4104 Manchester			

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.....
Guyton Swann

Licensed Embalmer No. 4586

P. O. Address... 1221 N. 1/2

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.