

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 25 1957

STATE FILE NUMBER **2818**
REGISTRAR'S NO. **43**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN St. Louis Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Chicago 8/20's Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 1809 N. Prairie Length of stay in 1b 36 Days		3. STREET ADDRESS (If outside, give location) 32 7619 St. Lawrence Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Thillie First Homer Middle Holliday Last			4. DATE OF DEATH Jan 2 1957 Month Jan Day 2 Year 1957		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10 Sept. 1909	9. AGE (In Years last birthday) 47	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during the most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Packing House		11. BIRTHPLACE (City and state or country) Aberdeen Mississippi	
13. FATHER'S NAME Will Holliday			14. MOTHER'S MAIDEN NAME Katie Mitchell		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If known or unknown) No (If known, give in dates of service)		16. SOCIAL SECURITY NO. 426-18-9841		17. INFORMANT'S NAME AND ADDRESS Emma Holliday 1807 Prairie	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction DUE TO (b) Hypertensive heart disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 10 hrs? 4 1/2
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).			19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY 9 p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. CITY, TOWN, OR LOCATION		20f. COUNTY	
20g. STATE		20h. ADDRESS	

21. I attended the deceased from 9 Dec 28 to Jan 2 and last saw him alive on Dec 28 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. M. Turner MD (Degree or title)		22b. ADDRESS 1009 St. Lawrence	
22c. DATE SIGNED 1-3-57		22d. ADDRESS	

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5 Jan 57	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Chicago Illinois
24. FUNERAL DIRECTOR Reliable Funeral Svs 1389 N. Union Blvd ADDRESS		25. DATE RECD. BY LOCAL REG. JAN 4 1957	26. REGISTRAR'S SIGNATURE Carl Smith MD

Use only black ink or ribbon typewrite if possible. Coroner cannot certify to a death due to natural causes. filestamps in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Paul V. Freeman*

Licensed Embalmer No. *46*

P. O. Address *4779th*

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