

FILED MAY 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18827

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4475**Health,
Welfare
Public
Service300
1-560

All symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		Length of stay in 1b 245 1/2	
3. NAME OF DECEASED (Type or print) HARRIET - ALEXANDER HOLLIDAY		4. DATE OF DEATH Month Day Year 5 9 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 24, 1866
9. AGE (In years last birthday) 90		10. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Richard Alexander		14. MOTHER'S MAIDEN NAME Elizabeth Wiles	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Chas. Bascom		Address 52 Portland Place	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease # 3. Hypertensive Vascular Disease # (b). Cerebral Thrombosis due to Arteriosclerosis DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Cerebral Arteriosclerosis; Recent Fracture of hip.			INTERVAL BETWEEN ONSET AND DEATH 15 years 15 years.
20a. ACCIDENT <input checked="" 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.) Fell at home	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. 4-27-57		20d. PLACE OF INJURY (e. g., in or about home, factory, street, office bldg., etc.) Home	
20e. CITY, TOWN, OR LOCATION St. Louis, Missouri		COUNTY STATE	
21. I attended the deceased from 1928 to May 9, 1957 and last saw her alive on May 9, 1957 Death occurred at 5:30 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Lynda A. Fettle M.D.		22b. ADDRESS 1803 Kings Highway	
22c. DATE SIGNED 5-10-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5 / 13 / 57	
23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
24. FUNERAL DIRECTOR C, R. Lupton & Sons-7233 Delmar		25. DATE RECD. BY LOCAL REG. MAY 10 '57	
26. REGISTRAR'S SIGNATURE Carl Smith MD			

(Licensed Embalmer's Statement on Reverse Side)

Dr. Price
Montclair
12:45

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 *Arnold W. Schoen*

Licensed Embalmer No. *386*

P. O. Address *St. Louis*

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.