THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 1 1957

STATE FILE NUMBER 157 022058

Registration District No. 312 Primary Registration District No. 541 Registrar's No. 1483

1. PLACE OF DEATH
a. COUNTY: ST LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: CLAYTON MO — Inside Limits: Yes ✓ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): COUNTY Hospital — Length of stay in Ib: 2 dys

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: ST LOUIS
c. CITY OR TOWN: WEBSTER GROVES — Inside Limits: Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location): 270 EAST KIRKHAM — Reside on Farm: Yes ☐ No ✓

3. NAME OF DECEASED (Type or print): First: Essie Middle: Last: Holloman

4. DATE OF DEATH: Month 6 Day 7 Year 1957

5. SEX: FEMALE
6. COLOR OR RACE: NEGRO
7. MARRIED ✓ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: JUNE 19 1900
9. AGE (In years last birthday): 57 — 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: HOUSEWIFE
11. BIRTHPLACE (City and state or country): MISSISSIPPI
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JEFF RANKIN
14. MOTHER'S MAIDEN NAME: UNKNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 490-26-1015
17. INFORMANT: Ray Holloman Address: 270 E. Kirkham

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Myelogenous Leukemia — INTERVAL BETWEEN ONSET AND DEATH: Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
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): 2041
19. WAS AUTOPSY PERFORMED? YES ✓ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-5-1957, to 6-7-1957 and last saw her/him alive on 6-7-1957
Death occurred at 2 43 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert W Blakely Md
22b. ADDRESS: 601 So. Brentwood
22c. DATE SIGNED: 6-8-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 12, 57
23c. NAME OF CEMETERY OR CREMATORY: Father Dickson
23d. LOCATION (City, town, or county) (State): Castlewood Missouri

24. FUNERAL DIRECTOR: J. J. Yandell Donnelson Funeral Home
ADDRESS: 1111 Kirkham
25. DATE RECD. BY LOCAL REG.: 6-11-57
26. REGISTRAR'S SIGNATURE: Herbert B. Demlehd

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Theodore S. Yan

Licensed Embalmer No. 42

P.O. Address 306

Webster Groves

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.