

FILED JUL 31 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26206

STATE FILE NUMBER

6824

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6824

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give full name) HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>			Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>224 2920 PENNSYLVANIA</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>M.</u> Last <u>HOLLEMAN</u>				4. DATE OF DEATH Month <u>JULY</u> Day <u>21</u> Year <u>1957</u>					
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>APRIL 11 1900</u>		9. AGE (In years last birthday) <u>56</u> 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) <u>SALES LADY</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FAMOUS BARR</u>		11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>WILLIAM WOLF</u>				14. MOTHER'S MAIDEN NAME <u>MARY NEHOUL</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>494-26-1389</u>		17. INFORMANT <u>EILEEN BOWEN</u> Address <u>2928 MINNESOTA</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>BRAIN TUMOR (PITUITARY ADENOMA)</u> <u>MALIGNANT</u> 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) <u>193x</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 MOS.</u>		
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.)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20c. TIME OF INJURY a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>JULY 1, 1957</u> to <u>JULY 21, 1957</u> and last saw her alive on <u>JULY 21, 1957</u> Death occurred at <u>5:00 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>FR Bradley</u> M.D.				22b. ADDRESS <u>BARNES HOSPITAL</u>			22c. DATE SIGNED <u>7/21/57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>JULY 24 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>NEW ST. MARCUS</u>		23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>			
24. FUNERAL DIRECTOR <u>Thomas Kutev 2906 Travis</u>				25. DATE RECD. BY LOCAL REG. <u>III 2257</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>			

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 *James E. Hill* \_\_\_\_\_

Licensed Embalmer No. *43*

P. O. Address *2906 E*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitute's 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.