

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **-61-010997**

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **2282**

FILED VS MAR 16 1961 318

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| 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 | | Length of stay in 1b | c. CITY OR TOWN St. Louis |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hoger G. Phillips | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 2523 N. Newstead |
| 3. NAME OF DECEASED (Type or print) First Mattie Middle Last Holloway | | 4. DATE OF DEATH Month 3 Day 4 Year 61 | |

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|---|----------------------------------|---|---|-------------------------------------|--|----------------|
| 5. SEX Female | 6. COLOR OR RACE Negro | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 10/28/12 | 9. AGE (last birthday) 48 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY - | 11. BIRTHPLACE (City and state or country) New Heboh, Miss. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |

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| 13a. FATHER'S NAME George Magee | 13b. MOTHER'S MAIDEN NAME Fannie Partman | 14. NAME OF HUSBAND OR WIFE Louis Holloway |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no | 17. INFORMANT Address Louis Holloway, 2523 N. Newstead |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pituitary Tumor | | INTERVAL BETWEEN ONSET AND DEATH Undet. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | 1953 |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) | |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ | Month, Day, Year |
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|--|--|------------------------------|--------|-------|
| 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 **2-17-61** to **3-4-61** and last saw her ^{her} alive on **3-4-61**
Death occurred at **4:30** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) Sydney A. Innes, M. D. | 22b. ADDRESS 2601 N. Whittier St. | 22c. DATE SIGNED 3-6-61 |
|---|---|-----------------------------------|

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|---|-----------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 3/10/61 | 23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. |
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| 24. FUNERAL DIRECTOR Charles J. Gates, 4107 Finney | 25. DATE RECD. BY LOCAL REG. MAR 8 1961 | 26. REGISTRAR'S SIGNATURE Earl Smith, M.D. |
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STATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF
Sydney A. Innes, M.D.

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 _____
Guertie Swann

Licensed Embalmer No. 4580

P. O. Address 4107 Finney

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.