

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020522

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5271

FILED MAY 31 1962

|                                    |                       |  |                 |          |
|------------------------------------|-----------------------|--|-----------------|----------|
| VS 300                             | DATE AMENDED          | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | INSTEAD OF      | DOCUMENT |
| Rev. 4/59                          |                       |  |                 |          |
| 1                                  |                       |  |                 |          |
| 2 <u>221</u>                       |                       |  |                 |          |
| 3                                  |                       |  |                 |          |
| 4 <u>3</u>                         |                       |  |                 |          |
| 5 <u>2</u>                         |                       |  |                 |          |
| 6                                  |                       |  |                 |          |
| 7 <u>1</u>                         |                       |  |                 |          |
| 8 <u>2</u>                         |                       |  |                 |          |
| 9                                  |                       |  |                 |          |
| 10                                 |                       |  |                 |          |
| 11                                 |                       |  |                 |          |
| 12 <u>77-0</u>                     |                       |  |                 |          |
| 13                                 |                       |  |                 |          |
| 77                                 | MEDICAL CERTIFICATION | SHOULD READ                              | BY AFFIDAVIT OF |          |
| USE BLACK INK OR TYPEWRITER RIBBON |                       |  |                 |          |

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY                                 |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>  |   | Length of stay in lb<br><b>3 years</b>  | c. CITY OR TOWN <b>St. Louis</b>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>2407 O'Fallon #307</b>  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Elnora</b> Middle <b>Hollins</b> Last <b>Hollins</b>   |   | 4. DATE OF DEATH<br>Month <b>5</b> Day <b>22</b> Year <b>62</b>   |   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>Negro</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>1-25-1882</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (last birthday)<br><b>80 yrs</b>   |
| 11a. FATHER'S NAME<br><b>Oliver Rose</b>   |   | 11b. MOTHER'S MAIDEN NAME<br><b>Selenia McCluster</b>   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |
| 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.<br><b>None</b>  | 14. NAME OF HUSBAND OR WIFE<br><b>C.H. Hollins</b>  |
| 17. INFORMANT<br><b>Martha Jett-2207 Ofallon Apt. 507</b>  |   | Address   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Uremia</b>          |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>Undet.</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Chronic Renal Disease (Pyelonephritis)</b> |   |   | <b>Undet.</b>   |
| DUE TO (c) <b>Nephrosclerosis</b>  |   |   | <b>Undet.</b>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>46x</b>        |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <input type="checkbox"/> s.m. <input type="checkbox"/> p.m. <input type="checkbox"/>                                       | Month, Day, Year  |   |   |
| 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 <b>5-8-62</b> to <b>5-22-62</b> and last saw her <sup>her</sup> <sub>him</sub> alive on <b>5-22-62</b>                |   | Death occurred at <b>9:25</b> <b>P</b> on the date stated above, and to the best of my knowledge, from the causes stated.                                   |   |
| 22a. SIGNATURE (Degree or title)<br><i>Sydney G. Frazer, M.D.</i>  |   | 22b. ADDRESS<br><b>2601 N. Whittier Street</b>  | 22c. DATE SIGNED<br><b>5-23-62</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>5/28/1962</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Father Dickson Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Saint Louis County Missouri</b>   |
| 24. FUNERAL DIRECTOR<br><b>Mrs. J.L. Lowe-2930 Dickson Street</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>MAY 24 1962</b>  | 26. REGISTRAR'S SIGNATURE<br><i>Paul Smith, M.D.</i>  |

**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 Leroy W. Linnister

Licensed Embalmer No. 4523

P. O. Address 4251 Washington

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.