

FILED DEC 29 1943

Registration District No. **818**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1009 North 21 Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether)

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County..... **000**
11

(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL") **9**

(d) Street No. 1009 North 21 Street **21**
(If rural, give location)

(e) Citizen of foreign country?..... **f** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Caroline Golladay

3. (b) If veteran, name was NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13th
year 1943 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;

4. Sex Female 5. Color or race 3 Colored

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife Lewis Golladay 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased April 8 th 1871
(Month) (Day) (Year)

that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....

8. AGE: Years 72 Months 8 Days 5 If less than one day
hr. min.

Chronic Myocarditis
Chronic Interstitial Nephritis

Due to.....

Due to.....

9. Birthplace Nashville, Tenn
(City, town, or county) (State or foreign country)

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

10. Usual occupation Seamstress

13/21

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name Not Known

13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mollie Ramsey
(b) Address 4026 West Belle Pl

17. (a) Burial (b) Date thereof Dec 18, 1943
(Burial, cremation, or removal) (City or town) (County) (State) (Day) (Year)
Greenwood

18. (a) Signature of funeral director A. L. Beal Und Co.
(b) Address 2726 Lucas Ave

19. (a) DEC 16 1943 (b) J. F. Brudek
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place)

(c) Means of injury.....

23. Signature Alfred Perry (M. D. or other)
Address Albany, Mo. Date signed 12/16/43

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4219th E. Hazel

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 this body is not embalmed, fact should be so stated above.