

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42726

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. MO 1003	Registrar's No. 10594
1. PLACE OF DEATH a. COUNTY 1		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE MO b. COUNTY 2199		
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4373 W. PINE BL.		e. STREET ADDRESS (If rural, give location) 4373 W. PINE BL.		
3. NAME OF DECEASED (Type or Print) MARGARET		a. (First)	b. (Middle)	c. (Last) READY
4. DATE OF DEATH DEC. 11 1950		5. SEX FEMALE		6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW 2		8. DATE OF BIRTH AUG. 25-1860		9. AGE (In years last birthday) 90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MO 0
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME CORNELIUS HOLLERON		
13b. MOTHER'S MAIDEN NAME BRIDGET BENNET		14. NAME OF HUSBAND OR WIFE JOHN		
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.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mabel Kelly - 4301 Lindell ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 794X
22. I hereby certify that I attended the deceased from 1935, 19, to 12/11, 19 50, that I last saw the deceased alive on November, 19 50 and that death occurred at 2:15 PM, from the causes and on the date stated above.				
23a. SIGNATURE J. R. [Signature] (Degree or title)		23b. ADDRESS 539 No. Grand Blvd.		23c. DATE SIGNED 12/12/50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC 14-1950		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.
24d. LOCATION (City, town, or county) ST. LOUIS, MO		DATE REC'D BY LOCAL REG. DEC 12 1950		
REGISTRAR'S SIGNATURE J. B. [Signature]		FUNERAL DIRECTOR'S SIGNATURE L. Mullen [Signature] ADDRESS 5165 [Address]		

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300

v. 10.48

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
Student Embalmer

Signed

J. Allen Davis Jr

Licensed Embalmer No. *4035*

P. O. Address *St. Louis, Mo*

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.