

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2661

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0847

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>ST. LOUIS</u>)		c. LENGTH OF STAY (in this place) township) <u>4 Days</u>	c. CITY OR TOWN <u>St. Louis</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSPITAL</u>		STREET ADDRESS (If rural, give location) <u>3012a California</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>SAM</u> b. (Middle) <u>HENRY</u> c. (Last) <u>HOLLETT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 28, 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-3-1903</u>
9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machine Operation</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hutting Sash & Door</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>James Hollett</u>	
13b. MOTHER'S MAIDEN NAME <u>Emma McCallen</u>		14. NAME OF HUSBAND OR WIFE <u>Zetta Hollett</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>568-14-6221</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Zetta Hollett, 3012a California, St. Louis</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ischemic - disease</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. 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 checked="" type="checkbox"/> NO <input 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? <u>201X</u>	
22. I hereby certify that I attended the deceased from <u>1-24-55</u> , 19 <u>55</u> , to <u>1-28-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1-28-55</u> , 19 <u>55</u> , and that death occurred at <u>11:15A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. B. Vayler md</u>		23b. ADDRESS (Degree or title) <u>1515 Lafayette Avenue</u>	23c. DATE SIGNED <u>1-28-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-31-1955</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff Missouri</u>
DATE REC'D BY LOCAL REG. <u>JAN 29 1955</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith md</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McLaughlin Funeral Home, Inc. 2301 Lafayette, St. Louis 4, Missouri</u>	

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

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 *H. G. Farris*

Licensed Embalmer No. *338*

P. O. Address *H. G. Farris*

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.