MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10097

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo. (No. Barnes Hosp't ..... St. ..... Ward)

File No. .....

Registered No. 2078

2. FULL NAME Arthur Hollins

(a) Residence. No. Hicks and Handley Rd St., 12 Ward. West Richmond Heights Park

(Usual place of abode) (If not resident in city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: Col

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF: Bessie Hollins

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 7-1878

7. AGE: Years 48 | Months 6 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Contractor

(b) General nature of industry, business, or establishment in which employed (or employer): Excavating

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Christian County Kentucky

PARENTS

10. NAME OF FATHER: Chas Hollins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Hopkinsville Kentucky

12. MAIDEN NAME OF MOTHER: Bettie Nixon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Hopkinsville Kentucky

14. INFORMANT: Bessie Hollins

(Address) W. Richman Hights Mo

15. FILED ....., 19.... Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-14 1927

17. I HEREBY CERTIFY, That I attended deceased from 3-13, 1927, to 3-14, 1927, that I last saw b. m. alive on 3-14, 1927, and that death occurred, on the date stated above, at 6 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Brain tumor (suspect) Non Malignant

Cerebral Hemorrhage

((True report after brain is sectioned))

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Pulmonary edema due to acute Cardiac Dilatation

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) G. C. Nesche, M. D

, 19 (Address) Barnes Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Father Dickerson Cemt

DATE OF BURIAL: Mar 20 1927

20. UNDERTAKER: Watson and Son

ADDRESS: 2941 Chouteau Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.