

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

Do not use this space.

12431

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. 6009 Norton St.)

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 2953
St. Ward)

2. FULL NAME

Erma Jane Hollens

(a) Residence. No. 6009 Norton St. 5 Ward.

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5a. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 13 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 2 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) ---
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Ralph L Hollens

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Ellen Alexander

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT (Address) Ralph L Hollens 6009 Norton St.

15. FILED MAR - 7 1929 Registrar Max C. Stanley

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 6 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 6, 1929, to Mar 6, 1929. that I last saw h. alive on Mar 6, 1929, and that death occurred, on the date stated above, at 7 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis of Vagus nerve
Cardiac Paralysis - 11419

CONTRIBUTORY (SECONDARY) Diphtheria
(duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ---
DID AN OPERATION PRECEDE DEATH? no DATE OF ---
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Alb. Walther, M. D.
3/7, 1929 (Address) 2438 Woodson Rd Overland, Mo.

*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 DATE OF BURIAL New St Marcus Mar 8 1929

20. UNDERTAKER ADDRESS Chorist Med Co 3710 N Grand

OK
K. H. H. H.