

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

Do not use this space.

6558

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis, (No. Missouri Baptist Sanitarium) St. Ward)

File No.....
Registered No. **1374** St. Ward)

2. FULL NAME George M. Holferty,

(a) Residence. No. 3515 Morgan st., St. 21 Ward. (If nonresident, give 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 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) 1855-11-17

7. AGE YEARS MONTHS DAYS IF LESS than 1st day, hrs. or min.
74 2 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Instructor,
(b) General nature of industry, business, or establishment in which employed (or employer) Biology.
(c) Name of employer St. Louis Public Schools

9. BIRTHPLACE (CITY OR TOWN) Cazenovia,
(STATE OR COUNTRY) Ill.

10. NAME OF FATHER Arthur B. Holferty,

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

12. MAIDEN NAME OF MOTHER Eliza Jane Harlan,

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

14. INFORMANT J. M. Holferty
(Address) 3515 Morgan st.

15. FILED 1930 REGISTRAR Max E. ...

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 7th 1930.

17. I HEREBY CERTIFY, That I attended deceased from July 1928, to Feb. 7th, 1930, that I last saw h. im alive on February 7th, 1930 and that death occurred, on the date stated above, at 5:50 P. M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93c Cerebral Hemorrhage
82A
9-7
(duration) yrs. mos. 14 ds.
CONTRIBUTORY (SECONDARY) Arterio-sclerosis - Hypertension
Chronic (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) M. T. ..., M. D.

2/8/ 1930 (Address) 5249 Raymond av*

*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

Valhalla,

DATE OF BURIAL

2/10/30 19

20. UNDERTAKER

Robert ...

ADDRESS

429 N. Euclid

BY

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.

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