

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.

MAY 20 1933

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

Do not use this space.

31613

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City..... (No. **St. Lukes Hosp.**).....

File No.
 Registered No. **8323**
 St. Ward)

2. FULL NAME

Carrie Mae Hollembeck

(a) Residence, No. **1421 1/2 E. Grand St.**, **9** Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred **8** 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Roy B. Hollembeck</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>8-15-1886</i>		
7. AGE	YEARS <i>47</i>	MONTHS <i>1</i>
	DAYS <i>8</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Nebraska</i>		
FATHER	13. NAME <i>Albe Crawford</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ill.</i>	
MOTHER	15. MAIDEN NAME <i>Elta Barrows</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ill.</i>	
17. INFORMANT <i>Roy B. Hollembeck</i> (ADDRESS) <i>1421 1/2 E. Grand</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Valpalla</i> DATE <i>9-26</i> , 19 <i>33</i>		
19. UNDERTAKER <i>H. A. Stock Use Co</i> (ADDRESS) <i>2117 E. Grand</i>		
20. FILED SEP 25 1933 19 <i>J. Brebeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 23*, 19*33*

22. I HEREBY CERTIFY, That I attended deceased from *February 4*, 19*23*, to *9-23*, 19*33*.
 I last saw her alive on *9-23*, 19*33* Death is said to have occurred on the date stated above, at *10:25* a.m.
 The principal cause of death and related causes of importance were as follows:
General carcinomatous
Cancer to breast
primarily
 Date of onset *1 1/2 yrs.*

Other contributory causes of importance:
Removal of breast
 Name of operation *Removal of breast* Date of *Jan 33*
 What test confirmed diagnosis? *Patch* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *N.O.*
 If so, specify.....
 (Signed) *H. F. Baker* M. D.
 (Address) *912 Beaumont Bldg.*

