WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

FEB 27 1934

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

Do not use this space.

File No. 3228

Registered No. 888

Registration District No. 791

Primary Registration District No. 1903

1. PLACE OF DEATH

County

Township

City St Louis (No. Des Loge Hospital St. Ward)

2. FULL NAME Eli Holland

(a) Residence, No. 3728 Olive St. St., 21 Ward.
(Usual place of abode) (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) March 20 1887

7. AGE: YEARS 46 MONTHS 8 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Worker

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) Advance Missouri

FATHER

13. NAME William Holland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Mary Foster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Advance Missouri

17. INFORMANT (ADDRESS) Mary Callahan 4328 Garfield St Maryville Mont.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Jan 25 1934

19. UNDERTAKER (ADDRESS) Wagner Funeral Co 3622 Olive St

20. FILED ... 19... J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 28, 1933, to Jan 23, 1934

I last saw h. alive on Jan. 23, 1934 Death is said to have occurred on the date stated above, at 11:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	
" liver	
46 B	
46 C	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

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?

If so, specify

(Signed) M. N. Martin, M. D.

(Address) 1325 S. Grand