

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 21 1935

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

Do not use this space.

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1003

45288

1. PLACE OF DEATH

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City St. Louis (No. American Hospital) St. .... Ward) .....

File No. 24  
Registered No. 24

2. FULL NAME

Ava U. Hollo  
(a) Residence, No. 3813 Burgen Ave. St. 1 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles A. Hollo

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18th, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
63 11 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 12  
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) Carlo Illinois

FATHER 13. NAME Wm. H. Glover

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

MOTHER 15. MAIDEN NAME Charlotte E. Hoyland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT Mari Sissuburne  
(ADDRESS) 3813 Burgen Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE 1-3-35 19 .....

19. UNDERTAKER Wacker Felderle  
(ADDRESS) 2331 S. Broadway

20. FILED JAN - 2 1935 19 .....

J. T. Bredeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1934, to Dec 31 1934.  
I last saw her alive on Dec 31 1934. Death is said to have occurred on the date stated above, at 6:45 m.  
The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction 12/3-34  
Date of onset

Other contributory causes of importance Caecum of Intestines

Name of operation Lap - hyp Date of 1/27-34  
What test confirmed diagnosis? Op 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? No  
If so, specify .....

(Signed) J. T. Bredeck, M. D.  
(Address) 1632 Mich. Ave.

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