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.

AUG 18 1936

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

Do not use this space. 29169

1. PLACE OF DEATH
County St. Louis
Township
City St. Louis
Registration District No. 791
Primary Registration District No. 1003
(No. Firman Desloge St. Ward)
File No.
Registered No. 7950

2. FULL NAME Richard Warren Hollan
(a) Residence, No. ~~Desloge Hospital~~ St., 18 Ward.
(Usual place of abode) 3422 Chouteau
(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) July -25-1936

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil
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) St. Louis, Mo

FATHER
13. NAME Clifford Hollan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Rose Colorado

MOTHER
15. MAIDEN NAME Elnore Radcliff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) Clifford Hollan 3422 Chouteau Ave.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Cem DATE July 28 1936

19. UNDERTAKER (ADDRESS) Louis H Bopp 131 W Argonne

20. FILED JUL 27 1936 J H Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1936, to July 27, 1936
I last saw him alive on July 27, 1936. Death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:

Pre-maturity

Date of onset

159

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) R. E. Stuart, M. D.
(Address) 1325 S. Grand Ave.