

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County.....

Registration District No.....

791

18649

Township.....

Primary Registration District No.....

1003

File No.....

City.....

City Hospital No.1

Registered No.....

5225

C 1467

(No.....)

St.....

(Ward)

2. FULL NAME.....

Carl Holland

(a) Residence, No.....

2637 Hickory

St., 22

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.

da.

How long in U. S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

separated

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb 3, 1899

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

38

3

22

OCCUPATION

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

watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Unknown

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)

Germany

FATHER

13. NAME

Carl Holland

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

Germany

MOTHER

15. MAIDEN NAME

Marie Garner

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

Germany

17. INFORMANT

Alfred Holland  
2637 Hickory Street.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Matthews Cemetery DATE May 21, 1937

19. UNDERTAKER

J. P. Murrell & Sons  
2637 Hickory Street.

20. FILED

MAY 25 1937

J. Bredeck Registrar.

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

5/25/37

19

22. I HEREBY CERTIFY, That I attended deceased from

5/1/37

5/25/37

19

I last saw him alive on 5/25/37, 19

Death is said

to have occurred on the date stated above, at 12.20 a

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

cessation of liver  
acute Pancreatitis  
acute Pancreatitis

Date of onset

Other contributory causes of importance:

Name of operation

Omentopexy Date of 5/25/37

What test confirmed diagnosis?

Was there an autopsy? 1937

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) J. P. Murrell & Sons, M. D.

(Address) City Hospital No.1

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.

18  
700  
13  
16  
10

