

DEC 13 1937

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

39638

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City, **St. Louis** (d) Street No. **4538a** **Queens Ave.** St. **10625**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **DR. PAUL R. HOLLINGSWORTH**

(a) Residence, No. **4538a Queens Ave** St. **7** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Edith K Hollingsworth**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 21, 1897**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 6 24
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Dentist**
9. Industry or business in which work was done, as 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) **Vandalia Mo.**
13. NAME **J. Charles Hollingsworth**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Washington, Ind.**
15. MAIDEN NAME **Lola Royalty**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Vandalia, Mo.**
17. INFORMANT (ADDRESS) **Mrs. Edith K. Hollingsworth 4538a Queens Ave.**
18. BURIAL, CREMATION, OR REMOVAL PLACE **Vandalia, Mo.** DATE **Nov 17 1937**
19. FUNERAL DIRECTOR (ADDRESS) **A. Keon & Co. 2707 N. Grand Blvd.**
20. FILED **NOV 16 1937 J. Bredeck Local Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 15, 1937**
22. I HEREBY CERTIFY, That I attended deceased from **Sept 26**, 19**37**, to **Nov 15**, 19**37**
I last saw him alive on **Nov 15**, 19**37** Death is said to have occurred on the date stated above, at **4:40 a.m.**
The principal cause of death and related causes of importance were as follows:
Cerebral Haemorrhage (Date of onset **8/15/37**)
82a
Other contributory causes of importance:
nephritis acute severe? hypertensive case of acute nephritis unknown!
Name of operation Date of
What test confirmed diagnosis? **clinical** 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 **John A. Howell!** (Signed) **John A. Howell!**, M. D.
(Address) **5005 a grove**

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I, ELTON R. H. REMELIUS, Licensed Embalmer No. #3154

hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Elton R. H. Remelius

Licensed Embalmer No. 3154

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING! (Failure to comply with the above constitutes grounds for revocation of license.)