

REC'D MAR 13 1939

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

5184  
Do not use this space.

1877

1. PLACE OF DEATH

(a) County ..... Registration District No. ....

(b) Township ..... Primary Registration District No. .... Registered No. ....

(c) City St. Louis (d) Street No. 4757 Terrace Ave. St. ....  
(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. da. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John N. Hollander

(a) Residence, No. 4757 Terrace Ave. St. 2 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE Male

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Hollander

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1868

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>70</u>	<u>9</u>	<u>2</u>	

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

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

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) Mo.

13. NAME Unknown Hollander

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

15. MAIDEN NAME May Daniels

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

17. INFORMANT Catherine Hollander  
(ADDRESS) 4757 Terrace Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul DATE 3-1, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kriegshauser Mortuaries  
4228 So. Kingshighway

20. FILED FEB 27 1939  
J. B. Redner  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1938 to Feb 27, 1939  
I last saw him alive on Feb 27, 1939 Death is said to have occurred on the date stated above, at 5:58 A.M.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma Lung (pt)  
myocardial (chronic)

Other contributory causes of importance: Feb 11/1939

Name of operation No Date of .....

What test confirmed diagnosis? Biopsy Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? .....

Where did injury occur? .....

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) Shames W. Washburn, M. D.  
(Address) 607 No Grand

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.

8781

U. Club Bldg. 3:30 - 5 P.M.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....

working under my personal supervision:

Signed *Edmund M. Bennett*

Licensed Embalmer No. *3024*

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**