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.

FILED JUN 12 1939

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

16666
Do not use this space.

**1. PLACE OF DEATH**

(a) County 3 Registration District No. 1003

(b) Township 1 Primary Registration District No. Registered No. 4200

(c) City St. Louis (d) Street No. In Route City Hospital 1 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** 453 James A, Holland,

(a) Residence, No. 5748 Page Blvd. St. 5
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Johanna Holland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 23, 1875

7. AGE: Years 63 | Months 9 | Days 11 | If LESS than 1 day, ....hrs. or ....min.

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

FATHER
13. NAME: James A. Holland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis. Mo.

MOTHER
15. MAIDEN NAME: Margaret Reedy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Mrs. Anna Mc.Mahon, 1303 N. Prairie Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Calvary Cem. DATE: 5-6-39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Cullinane Brothers 1710 N. Grand Blvd.

20. FILED MAY 5 1939 J. F. Budick Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 4, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:30 p.m.

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

| | Date of onset |
|---|---|
| 93C | |
| Pneumonia | |
| Chronic Myocarditis | |

Other contributory causes of importance:

Arterio Sclerosis

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? No

If so, specify

(Signed) Alfred Perry, M. D.

(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

**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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis Mo.

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

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