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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8129

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 549

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town LEMAY (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 762 Ruprecht (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town LEMAY (If outside city or town limits, write "RURAL")

(d) Street No. 762 Ruprecht (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME George P. Holl 400

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Carrie Wendel Holl 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased 4-13-1867 (Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation unemployed 4

11. Industry or business stage hand 5

FATHER
12. Name George Holl
13. Birthplace ..... (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Ellen - Unknown
15. Birthplace ..... (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Mrs. Geo Holl

(b) Address 762 Ruprecht

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-40 (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cem

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand

19. (a) MAR 18 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 16th year 1940 hour 3 am minute ..... M.

21. I hereby certify that I attended the deceased from Jan 23, 1940 ....., 1940 to Mar 15th, 1940, that I last saw him alive on Mar 15, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bronchitis Secondary Fluid aspiration following Cold. Duration 3 yrs 2 days

Due to ~~Arteriosclerosis~~

Due to 93C

Other conditions Arteriosclerosis (Include pregnancy within 3 months of death) Chronic Myocarditis

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature J. G. Whiteside (M. D. or other)

Address 7 S Lemay Ferry Rd Lemay, Mo Date signed 3-16-40

(Licensed Embalmer's Statement on Reverse Side)

Dr White
758 Lemay Ferry Rd
1-9

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 Virgil L Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis Mo.

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.