

JUN 15 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4087

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 week
(Specify whether years, months or days)
 In this community 18 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis 19
(If outside city or town limits, write "RURAL")
 (d) Street No. 530 W. Spring Ave
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME William Holland 453

8. (b) If veteran, name war None 8. (c) Social Security No. 702-18-7633

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

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 13 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>11</u>	<u>22</u>	hr. _____ min.

9. Birthplace Swinton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Mail Handler

11. Industry or business Terminal Railroad Assn.

12. Name William Holland

13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Forster

15. Birthplace Brownwood Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Callahan

(b) Address 500 Gray Ave. Webster Groves, Mo.

17. (a) Burial (b) Date thereof May 5, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Wm. J. Robert L. + H. C.

(b) Address 1905 So. Grand Blvd.

19. (a) MAY 7 1940 (b) J. F. [Signature]
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
 year 1940 hour 16 minute 55 P. M.

21. I hereby certify that I attended the deceased from April 25th 1940 to May 5th 1940
 that I last saw him alive on May 5th 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremic poisoning

Due to Pyelitis + nephritis (acute) caused by

Due to enlarged prostate, benign Pyelitis Non Calcilous

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 137

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature Dr. J. P. [Signature] (M., D. or other) _____

Address 200-600 [Signature] Date signed 5-5-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

John Tetter

Licensed Embalmer No.....

3880

P. O. Address.....

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

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