

S. No. 2
-11-10-39
v. 5-17-39
-I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20343

State File No.

5291

Registration District No.

Primary Registration District No. 1003

Registrar's No.

FILED JUL 17 1940

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1424a Hadley St. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 25
(If outside city or town limits, write "RURAL")
(d) Street No. 1424a Hadley St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME John J. Hollohan 450

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Catherine Hollohan nee Zorumski (c) Age of husband or wife if alive 58 years

7. Birth date of deceased October 13, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 8 3 hr. _____ min.

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

10. Usual occupation Butcher Prop.

11. Industry or business _____

12. Name John Hollohan

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

14. Maiden name Catherine Hastings

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

16. (a) Informant Mrs Catherine Hollohan

(b) Address 1424a Hadley St.

17. (a) Burial (b) Date thereof 6/19/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JUN 18 1940 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1940 hour 4:25 AM minute _____ M.

21. I hereby certify that I attended the deceased from May, 1937 to June 16, 1940
that I last saw him alive on June 14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Thrombosis
Chronic Endocarditis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature Pat West (M. D. or other) M.D.
Address 1901 Madison St Date signed 6/17/40

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 *Samuel Hampton*
Licensed Embalmer No. *2967*
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.