No. 2
1-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34094

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 8791

FILED NOV 16 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:
5304 Nottingham Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Indiana (b) County

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

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

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

3. (a) PRINT FULL NAME Thomas Hollan

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 Widower

6. (b) Name of husband or wife Late Jennie Hollan

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 11th (Day) 1864 (Year)

8. AGE: Years 76 | Months 7 | Days 13 | If less than one day hr. min.

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

10. Usual occupation Coal Miner

11. Industry or business retired 15 Yrss.

FATHER
12. Name Thomas Hollan
13. Birthplace Ireland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary McAnn
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant C.R. Hollan
(b) Address 5304 Nottingham Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-25-40 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Indiana

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

OCT 25 1940 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24th year 1940 hour 7:50 minute P.M.

21. I hereby certify that I attended the deceased from 4-13-39, 19, to 10-24-40, 19; that I last saw him alive on 10-24-40, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Chronic myocarditis	3-4 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations No	
Of autopsy No	

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 [illegible] (M. D. or other)
Address 4523 S. Kingshighway Date signed 10/25/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. O.C. Pfeifer

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 Edwin W. Stevens

Licensed Embalmer No. 3024

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.