

FEB 25 1941 791

1003

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: ST. LOUIS ALTENHEIM. 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME GORAK. HOLLAND

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

4. Sex Female 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WID. 2

6. (b) Name of husband or wife HENRY 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased JULY 2 1861  
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 25 If less than one day hr. min.

9. Birthplace ST. LOUIS MO. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business R.

MOTHER FATHER { 12. Name UNKNOWN  
13. Birthplace UNKNOWN 9  
(City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN 4  
(City, town, or county) (State or foreign country)

16. (a) Informant J. W. Hour  
(b) Address 5408 S. Broadway

17. (a) BURIAL (b) Date thereof JAN 30-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BELLEFONTAINE CEM.

18. (a) Signature of funeral director J. P. Fendler  
(b) Address 7124 Delmar

19. (a) JAN 30 1941 (b) J. P. Fendler  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000  
(c) City or town ST. LOUIS. 1511  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5408 S. BROADWAY. 9  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28  
year 1941 hour 5:30 minute 4 M.

21. I hereby certify that I attended the deceased from Jan 15  
1934, to Jan 28, 1941;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chc Myocardite Duration 10 yrs

Due to arteriosclerosis ?

Due to 93d

Other conditions me  
(Include pregnancy within 3 months of death) 93d

Major findings: me  
Of operations me

Of autopsy me 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) me  
(b) Date of occurrence me  
(c) Where did injury occur? me  
(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 Max Slachoff (M. D. or other) 99d  
Address 512 Double Date signed 1/29/41

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.....

Licensed Embalmer No. 925

P. O. Address. ST LOUIS.

**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.**