DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 28 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23326

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5678

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Johns Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 day (Specify whether
In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis
(c) City or town Sappington, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Gravois Rd, N.R.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME ANNA HOLLIS

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John

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

7. Birth date of deceased May (Month) 1 (Day) 1858 (Year)

8. AGE: Years 83 Months 2 Days 7 If less than one day — hr. — min.

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

10. Usual occupation House Wife

11. Industry or business —

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

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

16. (a) Informant's own signature George
(b) Address Sappington, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/41 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Kansas City Mo

18. (a) Signature of funeral director Kenneth Wood
(b) Address Houston, Mo

19. (a) JUL 9 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th year 1941 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Fractured Left Leg Arteriosclerosis Suffered when deceased fell in the yard in the rear of her Home	
Due to Due to at Sappington Mo on July 5 1941 about 630 PM	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 186a
Of autopsy 18

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) Accident
(b) Date of occurrence July 5 1941
(c) Where did injury occur? Sappington (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury

23. Signature Thomas F Callans (M. D. or other)
Address Deputy Coroner Date signed 7/9/41

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X19511

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 Keller

Licensed Embalmer No. 3882

P. O. Address.....

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.