No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 27219

Registrar's No. 7011

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

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: Homer G Phillips
(If not in hospital or institution, write street number or location)

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

In this community: 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St Louis 1711
(If outside city or town limits, write "RURAL")

(d) Street No.: 4344 Evans
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: John Holland

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: Col,

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Anna Holland

6. (c) Age of husband or wife if alive: 70 years

7. Birth date of deceased: May (Month) 18 (Day) 1870 (Year)

8. AGE: Years 71 Months 3 Days 9 If less than one day hr. min.

9. Birthplace: Holly Springs (City, town, or county) Miss, (State or foreign country)

10. Usual occupation: Janitor

11. Industry or business:

FATHER
12. Name: Louis Holland
13. Birthplace: ? (City, town, or county) Miss, (State or foreign country)

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

16. (a) Informant: Anna Holland
(b) Address: 4344 Evans Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-30-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenwood Cem,

18. (a) Signature of funeral director: Ellis Fun, Home
(b) Address: 2820 Stoddard st.

19. (a) AUG 30 1941 (Date received local registrar) (b) J. Budak (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27 year 1941 hour 11:50 minute P.M.

21. I hereby certify that I attended the deceased from August 24 1941 to August 27 1941; that I last saw him alive on August 27 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Thrombosis — Duration: 3 days

Due to:

Due to:

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

Major findings:
Of operations:

Of autopsy:

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: H. J. Evans (M. D. or other) C
Address: 2601 Whittier Date signed: 8-28-41

(Licensed Embalmer's Statement on Reverse Side)

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~~ L Boy

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

P. O. Address St Louis Mo

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

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