S. No. 2
I—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED OCT 7 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32546

Registration District No. 784 Primary Registration District No. 117 Registrar's No. 2010

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
921 N Elm St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 1922 - 6 - 20 - years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96

(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")

(d) Street No. ~~906 N Elm~~ 817 - Holland Av.
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME Albert Hollins

3. (b) If veteran, name war ✓

3. (c) Social Security No. 489-14-0256

4. Sex Male 9

5. Color or race Cn -

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

6. (b) Name of ~~husband~~ or wife Anetta Hollins

6. (c) Age of ~~husband or~~ wife if alive 26 - years

7. Birth date of deceased 6 (Month) 26 (Day) 1913 (Year)

8. AGE: Years	Months	Days	If less than one day
28	3	1	____ hr. ____ min.

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

10. Usual occupation Laborer -

11. Industry or business ____

FATHER
12. Name Robert Hollins
13. Birthplace Vaughns (City, town, or county) / Miss (State or foreign country)

MOTHER
14. Maiden name Callie Young -
15. Birthplace Vaughns (City, town, or county) / Miss (State or foreign country)

16. (a) Informant Callie Griffins
(b) Address 547 Lafayette

17. (a) Father Dickson (Burial, ~~cremation, or removal~~) (b) Date thereof 10 - 2 - 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director J C Lewis
(b) Address 27 Euclid Webster Groves

19. (a) OCT 2 - 1941 (Date received local registrar) (b) E G McGavran MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9th day 27th
year 1941 hour 3:45 minute 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 Revolver wound in chest over heart at the hands of unknown party.	
Due to Gunshot wound punctured heart causing internal hemorrhage	
Due to ____	
Other conditions ____ (Include pregnancy within 3 months of death)	

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Major findings:
Of operations ____
Of autopsy Yes.

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) Homicide.
(b) Date of occurrence Sept. 27, 1941
(c) Where did injury occur? 921 N. Elm Ave. Webster (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place (Specify type of place)
While at work? No (e) Means of injury Homicide

23. Signature Louis H Bapp Corp (M. D. or other)
Address Kirkwood, Mo. 9/29/41 Date signed ____

(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.....

Louis H Bopp, Registered Apprentice No.....,

working under my personal supervision.

Signed Louis H Bopp

Licensed Embalmer No. 98

P. O. Address Kirkwood

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, fact should be so stated above.