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 S. No. 2
 FORM-5-42
 Rev. 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 1 1943
 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 668

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town..... St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital 0
 (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)

2. USUAL RESIDENCE OF DECEASED:
 (a) State..... Missouri (b) County..... 100
 (c) City or town..... St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5803 & Call Ave.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME Sarah Holland
 3. (b) If veteran, name war..... no
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month..... January day..... 20,
 year..... 1943 hour..... 11:29 minute..... A. M.

4. Sex..... F
 5. Color or race..... W.
 6. (a) Single, widowed, married, divorced..... Single
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... July 2 1872
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... January 18,
 19..... 43 to..... January 20, 19..... 43
 that I last saw h..... or..... January 20, 19..... 43
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
70 6 18 hr. min.

Immediate cause of death.....
Lobar pneumonia
 Due to.....

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

Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

10. Usual occupation..... nat
 11. Industry or business.....
 12. Name..... George Holland
 13. Birthplace..... Unknown Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name..... Kate McDonald
 15. Birthplace..... Unknown Mo
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations.....
 Of autopsy..... none
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant..... John Cullinane Bros. Adm.
 (b) Address..... Civil Courts Bldg
 17. (a) Burial
 (Burial, cremation, or removal) (b) Date thereof..... 1 23-43
 (Month) (Day) (Year)
 (c) Place: burial or cremation..... Memorial Park

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?
 While at work?..... (Specify type of place)
 Means of injury.....

18. (a) Signature of funeral director..... Cullinane Bros
 (b) Address..... 1710 N. Grand
 19. (a) JAN 22 1943 (b) J. F. Bredes
 (Date received local registrar) (Registrar's signature)

23. Signature..... Louis G. Neuday Mo
 Address..... 1515 Lafayette Avenue, Date signed..... 1/20/43

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

MOTHER FATHER

I 31 10

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.

Not Embalmed

Signed.....

Fred Frick

Licensed Embalmer No. *3186*

P. O. Address *St. Louis, Mo*

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.