

S. No. 2
M-2-43
5-17-39
I X35657

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13722

State File No.

Registrar's No. 45-1

D MAY 13 1943 42

Registration District No.

Primary Registration District No. 1000

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 829 Warsaw St /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
(Specify whether)
 In this community 67 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 829 Warsaw St
(If rural, give location)
 (e) Citizen of foreign country? YES NO
(Yes or No)
 If yes, name country.

3. (a) PRINT FULL NAME Anna Hollender
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

4. Sex Female
 5. Color of race White
 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 December 10, 1875
(Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 11
If less than one day hr. min.

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

10. Usual occupation Cook

11. Industry or business
 12. Name Lawrence Hollander
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Garrick
 (b) Address 914 South 20th St

17. (a) burial (b) Date thereof 4-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt Olivet Cemetery

18. (a) Signature of funeral director Tracy Barry Funeral Home
 (b) Address 218 South 10th St, St. Joseph, MO.

19. (a) 4-27-43 (b) Roe Heagy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
 year 1943 hour 10 minutes A M.
 21. I hereby certify that I attended the deceased from Sept. 1936
 19 to Apr. 17 1943
 that I last saw her alive on Apr. 17 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death
 Cerebral Hemorrhage
 Due to Arterio Sclerosis and Hypertension
 Due to

Other conditions She had 3 previous attacks during past 4 years.

Major findings: Of operations
 Of autopsy

Duration 4 hrs.

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?

23. Signature Gordon D. Wright M.D. (M. D. or other)
 Address 845 So 19th St Date signed 4/26/43

1233

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

Dr Wright,
19th + Aline

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. #216
P. O. Address St Joseph, 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.