

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **19695**

FILED JUN 30 1943 318

Registration District No. **318**Primary Registration District No. **1003**Registrar's No. **5595**

1. PLACE OF DEATH:

(a) County.....
 (b) City or town **St. Louis, Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4012 Aldine
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community **25 years,**..... (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME **Mrs. Lou Edner Hollister.**3. (b) If veteran, name war **XX** 3. (c) Social Security No. **?**4. Sex **Female** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Married**6. (b) Name of husband or wife **Edgar Hollister.** 6. (c) Age of husband or wife if alive **52** years7. Birth date of deceased **June 22nd, 1895.**
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
48 **11** **18** hr. min.9. Birthplace **Steeleville, La.** /
(City, town, or county) (State or foreign country)10. Usual occupation **House-wife,**

11. Industry or business

12. Name **Andrew Black,**13. Birthplace **Steeleville, La.** /
(City, town, or county) (State or foreign country)14. Maiden name **Lucy**15. Birthplace **Steeleville, La.** /
(City, town, or county) (State or foreign country)16. (a) Informant **Edgar Hollister**(b) Address **4812 Aldine,**17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **June 19th, 1943.**
(Month) (Day) (Year)(c) Place: burial or cremation **Greenwood Cemetery,**18. (a) Signature of funeral director **Lee J. Snelk**(b) Address **3615-17 Easton Ave, St. Louis, Mo.**19. (a) **JUN 18 1943** (Data received local registrar) **J. F. Bredeek** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County **009**
 (c) City or town **St. Louis,** **12**
 (If outside city or town limits, write "RURAL") **211**
 (d) Street No. **4012 Aldine, Street,**
 (If rural, give location)
 (e) Citizen of foreign country? **Born U.S.O.F.A.** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **16th**
year **1943.** hour **7:20.** minute **P.** M.21. I hereby certify that I attended the deceased from **Nov 16th 1942** to **June 16th 1943**
that I last saw him alive on **June 16th 1943**
and that death occurred on the date and hour stated above.Immediate cause of death **Acute myocarditis**Due to **Ch. Myocarditis**Due to **92**Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations

Of autopsy

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)
 (e) Means of injury.....
 23. Signature **G. W. Hall** (M. D. or other)
 Address **823 N. 16th St.** Date signed **6/17/43**

Duration

PHYSICIAN

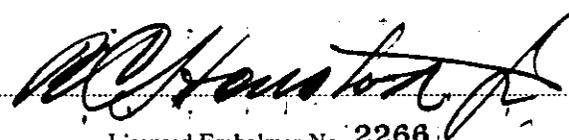
Underline
the cause to
which death
should be
charged statistically.

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

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.....

..... **Myself**, Registered Apprentice No.
working under my personal supervision.

Signed..... 

Licensed Embalmer No. **2266**

P. O. Address **2612 Thomas, St.**

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.