V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29102

FILED SEP 21 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8011

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis
(c) City or town 3839 Illinois Ave. (If outside city or town limits, write "RURAL")
(d) Street No. St. Louis, Mo. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John B. Holahan
3. (b) If veteran, name war No
3. (c) Social Security No. 499-03-6931
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife Margaret Gowan
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased April 15 1872 (Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 24 If less than one day hr. min.

9. Birthplace Centralia (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Carman
11. Industry or business Mo. Pac. R.R. Shops.
MOTHER FATHER
12. Name Stephan Holahan
13. Birthplace Ireland (City, town, or county) 4 (State or foreign country)
14. Maiden name B. Boyles
15. Birthplace Ireland (City, town, or county) 4 (State or foreign country)
16. (a) Informant Johnie Holahan
(b) Address 3839 Illinois Ave. St. Louis Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-11-45 (Month) (Day) (Year)
(c) Place: burial or cremation DeSoto Mo
18. (a) Signature of funeral director Lee McBrearlead
(b) Address DeSoto Mo
19. (a) SEP 13 1945 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9 year 1945 hour 12 minute 15 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 Subarachnoid Hemorrhage due to Vascular Disease with Hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	PHYSICIAN
Of autopsy	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 Herbert C. Fritz (M. D. or other)
Address City Hospital Date signed 9-10-45

(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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2931

P. O. Address De Soto 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.