

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED DEC 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38721

State File No.

Registrar's No.

10302

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff
(d) Length of stay: In hospital or institution.
In this community years, months or days M.

3. (a) PRINT FULL NAME

ALTA HOLLANDER

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Arthur L. Hollander

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased July 26 1899

8. AGE: Years 47 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Marshall (City, town, or county) no (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Artemus Marshall

13. Birthplace Texas (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant A. L. Hollander 1

(b) Address 6943 Columbia

17. (a) burial (b) Date thereof 12-2-46 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Selman Blvd

19. (a) DEC 2 1946 (b) J. F. Bredek (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 6943 Columbia Memorial (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30th year 1946 hour 12:23 minute P M.

21. I hereby certify that I attended the deceased from 11/1/46 to 11/30/46 that I last saw her alive on 11/30/46 and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia Duration 5 Days

Due to: Abdominal carcinoma 1 yr

Due to: Carcinoma of cervix 2 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations H/O

Of autopsy

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?
(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

23. Signature: Francis Burns 1515 Lafayette (M. P. 2/2/46) Address: Date signed

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

MOTHER FATHER

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 Raymond L. Morris
Licensed Embalmer No. 43305
P. O. Address Maplewood

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.