

No. 2  
-1/47  
5-17-39

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

# MISSOURI DIVISION OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. 14991  
Registrar's No. 10154

FILED APR 30 1948  
Registration District No. 19487

Primary Registration District No. 4466

6  
0  
0  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Shrewsbury  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7605 Arlington Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Nil  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ellen Dena Hollman

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: August 18, 1981  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>8</u>	<u>0</u>	_____ hr. _____ min.

9. Birthplace: Warrenton, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name William Hanke

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 Bernice Riehl

(b) Address 7605 Arlington Ave.

17. (a) Burial (b) Date thereof 4-21-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Rd.

19. (a) 4-22-48 (b) Gene L. Shultz MD  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 9/6

(c) City or town Maplewood  
(If outside city or town limits, write "RURAL") 5

(d) Street No. 3312 Oxford Ave.  
(If rural, give location) 3

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18  
year 1948 hour 9 minute 40 P. M.

21. I hereby certify that I attended the deceased from June 1, 1948 to April 18, 1948  
that I last saw her alive on April 18, 1948  
and that death occurred on the date and hour stated above.

Duration 6 months

Immediate cause of death Carcinoma of liver

Due to 46 f

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Carcinoma of liver (primary)  
Of operations: gall bladder etc

Of autopsy: \_\_\_\_\_

Underline the cause of death which 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 \_\_\_\_\_

Signature Vincent J. Townsend MD (M. D. or other) (1) MD

Address 3801 Sulton Ave Maplewood Mo

Date signed 4-20-48

**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 *A. Burgess*

Licensed Embalmer No. 7029

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.