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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

34263

State File No. _____

FILED OCT 18 1948

318

Primary Registration District No. 1003

Registrar's No. 8733

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Palmyra 2
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0
N.R.

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

If yes, name country _____

3. (a) PRINT FULL NAME Eileen Anne Hollander

3. (b) If veteran, No name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Robert Hollander

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased January 8 1918
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>30</u>	<u>8</u>	<u>28</u>	<u>0</u> hr. <u>0</u> min.

9. Birthplace Venice Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Magee

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

14. Maiden name Unk.

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

16. (a) Informant Robert Hollander

(b) Address Palmyra, Missouri

17. (a) Removal (b) Date thereof 10/7/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quincy Illinois

18. (a) Signature of funeral director Albert H. Honpe

(b) Address 04700 Washington Blvd

19. (a) OCT 19 1948 (b) J. B. Foster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6
year 1948 hour 8 minute 20 P.M.

21. I hereby certify that I attended the deceased from October 6
(6 55 p.m.), 1948, to _____, 1948
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chemia with anemia Duration 6 days

Due to Post-Partum Infection

Due to Incompatible Blood Transfusion

Other conditions Normal delivery on Sep 8, 1945

Major findings:
Of operations _____

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? _____ (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) (a) Means of injury _____

23. Signature Grayson Canall (M. D. or other) Date signed _____
Robert E. Jensen
Address 637 Humboldt Blvd, St. Louis, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

JAN 12 1951

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 Elton R. H. Remelies

Licensed Embalmer No. 4283

P. O. Address St Louis, 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.