

S. No. 300
V. 10.48

FILED SEP 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26464**

BIRTH NO. _____ REG. DIST. NO. **80** PRIMARY REG. DIST. NO. **4142** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY Cole 0260		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Russellville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Russellville 0260	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) D	

3. NAME OF DECEASED (Type or Print) a. (First) Emma	b. (Middle) Paulina	c. (Last) Hollerick	4. DATE OF DEATH (Month) (Day) (Year) 8 26 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-28-1899	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR 3 Months	IF UNDER 4 HRS. 28 Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Centertown, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME John George Stroessner	13b. MOTHER'S MAIDEN NAME Matilda Linsenhardt	14. NAME OF HUSBAND OR WIFE August Hollerick
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME August Hollerick-Russellville, Mo	ADDRESS Russellville, Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Sudden
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Underwent a gall stone operation DUE TO (c) 70 days previous to her death from which she was apparently recovering		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 8/26	19b. MAJOR FINDINGS OF OPERATION 585x	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug 26, 1951** to **Aug 26, 1951**, that I last saw the deceased alive on **Aug 26, 1951**, and that death occurred at **7 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) N. L. Leslie M. D.	23b. ADDRESS Russellville Mo	23c. DATE SIGNED Aug 27 51
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Aug 28 51	24c. NAME OF CEMETERY OR CREMATORY Russellville, Mo	24d. LOCATION (City, town, or county) (State) Russellville Mo
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DATE REC'D BY LOCAL REG. Aug. 28	REGISTRAR'S SIGNATURE Mrs. Minnie H. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE W. Schubert	ADDRESS Russellville Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-31-51 03

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-31-51 _____

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 _____

Student Embalmer No. 2870

working under my personal supervision.

Student _____
Student Embalmer _____

Signed *H. H. Schickel*

Licensed Embalmer No. 2870

P. O. Address *Russellville 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.

Wm. H. ...
SE. 8001