

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**29053**

State File No. ....

No. 300  
10-48

**FILED AUG 25 1951**

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3065</u>		Registrar's No. <u>2913</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Glendale</u>		c. LENGTH OF STAY (in this place) <u>6 week</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2199</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Oakland Park Hospital</u>				b. STREET ADDRESS (If rural, give location) <u>4385 Maryland Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ethel</u> b. (Middle) <u>Brown</u> c. (Last) <u>Hollenbeck</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 15, 1951</u>				
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>August 18, 1873</u>		9. AGE (in years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 100 Hrs. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Chillicothe, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ambrose Brown</u>			13b. MOTHER'S MAIDEN NAME <u>Flora Cunningham</u>		14. NAME OF HUSBAND OR WIFE <u>Jacob B. Hollenbeck</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Thomas Cole 37 Ridgemoor Drive</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension - Atherosclerosis</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____			
22. I hereby certify that I attended the deceased from <u>June 30, 1951</u> , to <u>Aug 15, 1951</u> , that I last saw the deceased alive on <u>Aug 14, 1951</u> , and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Neelam...</u> (Degree or title)				23b. ADDRESS <u>325 Freda Blvd.</u>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>August 15, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Circleville Cemetery</u>		24d. LOCATION (City, town or county) (State) <u>Circleville, Ohio</u>		
DATE REC'D BY LOCAL REG. <u>8-15-51</u>		REGISTRAR'S SIGNATURE <u>Robert A. Dink...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. R. Lupton &amp; Sons 7233 Delmar Blvd.</u>			

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

Frisco Bldg. 906 Olive  
GA 5104

1:00 - 3:00 p.m.

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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. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Melvin L. Kemper* .....

Licensed Embalmer No. *4052* .....

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.