

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37259**

FILED **OCT 20 1952**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2646**

4000

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Rural. So. Maryland Hts.		c. CITY OR TOWN Rural - MARYLAND HIGHS.	
c. LENGTH OF STAY (In this place) 28 yr.		d. STREET ADDRESS (If rural, give location) West Drive, Maryland, Hts. Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION West Drive, Maryland, Hts.			

3. NAME OF DECEASED (Type or Print)	a. (First) Alzema	b. (Middle) Hollandsworth	c. (Last) Hollandsworth	4. DATE OF DEATH (Month) (Day) (Year) oct. 10 1952
-------------------------------------	--------------------------	----------------------------------	--------------------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 23 1901	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	IF UNDER 1 HRS. Hours 0	IF UNDER 15 MIN. Min. 0
----------------------	-------------------------------	---	---------------------------------------	---	---------------------------------	--------------------------------	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Brumley Mo. 0	12. CITIZEN OF WHAT COUNTRY? U. S. A.
---	---	--	--

13a. FATHER'S NAME Lace Phillips	13b. MOTHER'S MAIDEN NAME Stella Poppelwell	14. NAME OF HUSBAND OR WIFE Leslie Hollandsworth
---	--	---

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 Leslie Hollandsworth, Maryland Hts.	ADDRESS Leslie Hollandsworth, Maryland Hts.
--	-------------------------------------	--	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chor. Myocarditis DUE TO (c) overweight		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4222	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 **April, 1946**, to **Oct 10, 1952**, that I last saw the deceased alive on **10-10-1952**, and that death occurred at **7:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] MD.	23b. ADDRESS Cress Coeur Mo	23c. DATE SIGNED 10-13-52
---	------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 14, 52	24c. NAME OF CEMETERY OR CREMATORY Liberty Church	24d. LOCATION (City, town, or county) (State) Canon Mo.
---	-----------------------------	--	--

DATE REC'D BY LOCAL REG. 10-13-52	REGISTRAR'S SIGNATURE Herbert R. Donke MD	25. FUNERAL DIRECTOR'S SIGNATURE Baumann Bros	ADDRESS 2501 Woodson, Rd. Overland, Mo.
--	--	--	--

524

(Licensed Embalmer's Statement on Reverse Side)

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 3454

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14, 7

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.