

STANDARD CERTIFICATE OF DEATH

FILED OCT 15 1953

State File No. **33415**  
Registrar's No. **8849**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Mo.** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (In this place) **2yr 8mo 1day** c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **City Infirmary** e. STREET ADDRESS (If rural, give location) **13 5800 Arsenal St** **21390**

3. NAME OF DECEASED a. (First) **Walter** b. (Middle) \_\_\_\_\_ c. (Last) **Holland** 4. DATE OF DEATH (Month) (Day) (Year) **Sept. 11, 1953.**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Divorced** 8. DATE OF BIRTH **Mar. 16, 1894** 9. AGE (In years last birthday) **59.** IF UNDER 1 YEAR Months \_\_\_\_\_ IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Timber cutter** 10b. KIND OF BUSINESS OR INDUSTRY **Lumber & Tides** 11. BIRTHPLACE (City and State or Foreign Country) **Mo. Dent County, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Charles Holland** 13b. MOTHER'S MAIDEN NAME **Belle Hoodenpyle** 14. NAME OF HUSBAND OR WIFE **Ada White**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) **No.** 16. SOCIAL SECURITY NO. **Nil.** 17. INFORMANT'S SIGNATURE OR NAME **Earl C. Holland** ADDRESS **1236a N. Newstead.**

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.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Huetic heart disease /c** MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH  
ANTECEDENT CAUSES DUE TO (b) **Huetic brain damage**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) \_\_\_\_\_  
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 \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) **023X**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **Dec. 28, 1950, to Sept. 11, 1953**, that I last saw the deceased alive on **Sept. 11, 1953**, and that death occurred at **6:30 A.M.**, from the causes and on the date stated above.

22a. SIGNATURE **Palma Amara Bowlish** (Degree or title) **MD** 23b. ADDRESS **5800 Arsenal St.** 23c. DATE SIGNED **9-11-53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **9-11-53** 24c. NAME OF CEMETERY OR CREMATORY **Local Cemetery** 24d. LOCATION (City, town, or county) (State) **Salem, Missouri**

DATE REC'D BY LOCAL REG. **SEP 11 1953** REGISTRAR'S SIGNATURE **J. Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Albert H. Hoppe 4700 Washington.**

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

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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.....  
Signature of Student Embalmer

Signed *G. W. Wilkins*.....

Licensed Embalmer No. *35*.....

P. O. Address *M. Lou*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.