

STANDARD CERTIFICATE OF DEATH

FILED FEB 20 1956

State File No. **4307**

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>Washington</u>		c. CITY OR TOWN <u>Washington</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 mo.</u>		e. STREET ADDRESS (If rural, give location) <u>P.R. 1 E. 036</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			

3. NAME OF DECEASED
(Type or Print) LOUISA HOLLMANN

a. (First) LOUISA b. (Middle) HOLLMANN c. (Last) HOLLMANN

4. DATE OF DEATH (Month) (Day) (Year) Feb. 10, 1956

5. SEX Female **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** Widowed

8. DATE OF BIRTH Jan. 1, 1873 **9. AGE** (In years last birthday) 83 **10. MONTHS** 1 **11. DAYS** 9 **12. HOURS** 11 **13. MIN.** 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker **10b. KIND OF BUSINESS OR INDUSTRY** Own Home **11. BIRTHPLACE** (City and State or Foreign Country) Union, Missouri **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME Charles Brandt **13b. MOTHER'S MAIDEN NAME** Rosalie Emann **14. NAME OF HUSBAND OR WIFE** Edward Hollmann

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** Albert M. Hollmann **ADDRESS** Washington, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, hypertatic

ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture, Hip
DUE TO (c) old age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

INTERVAL BETWEEN ONSET AND DEATH 5 days

19a. DATE OF OPERATION none **19b. MAJOR FINDINGS OF OPERATION** none **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)** 036 (COUNTY) _____ (STATE) _____

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 Jan 20, 1952 to 2-10, 1956, that I last saw the deceased alive on 2-10, 1956, and that death occurred at 6:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. W. B. M.D. **23b. ADDRESS** Washington, Mo. **23c. DATE SIGNED** 10 Feb 56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** Feb. 13, 1956 **24c. NAME OF CEMETERY OR CREMATORY** Odd Fellows Cemetery **24d. LOCATION** (City, town, or county) (State) Washington, Missouri

DATE REC'D BY LOCAL REG. 2/13/56 **REGISTRAR'S SIGNATURE** L. H. Heidmann **25. FUNERAL DIRECTOR'S SIGNATURE** L. H. Heidmann **ADDRESS** Wiburg & Pitt, Inc., Washington, Mo.

(Licensed Embalmer's Statement on Reverse Side) J. White

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

MAR 26 1957

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 *Lester H. Pitt*

Licensed Embalmer No. *325*

P. O. Address *Washington*

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.