

THE HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6339  
Registrar's No. 1003

FILED JUL 20 1956

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				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>St. Louis, Missouri</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY OR TOWN <u>St. Louis</u> <u>4</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bethesda General Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>2222 a South Ninth Street</u> <u>223</u>				
3. NAME OF DECEASED (Type or Print) <u>Bertha</u>			a. (First) _____ b. (Middle) _____ c. (Last) <u>Hollock</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 5 1956</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>Dec. 27, 1879</u>		9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife-retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ironton, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Michael Veonna</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Draska</u>		14. NAME OF HUSBAND OR WIFE <u>John (deceased)</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Grace Norman, Dau.</u>		ADDRESS <u>above</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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> <u>Cardio vascular renal disease</u> ANTECEDENT CAUSES <u>Cardio-vascular renal disease</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>generalized arteriosclerosis</u> DUE TO (c) <u>generalized arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Cirrhosis of liver and cholelithiasis</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Cirrhosis of liver + cholelithiasis</u>				19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION <u>cholelithiasis and lithiasis</u>	20. AUTOPSY? YES <input checked="" 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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4+2x</u>				
22. I hereby certify that I attended the deceased from <u>7-1</u> , 19 <u>56</u> , to <u>7-5-56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>7-5-</u> , 19 <u>56</u> , and that death occurred at <u>8:10A</u> m., from the causes and on the date stated above <u>7-5-56</u>								
23a. SIGNATURE (Name or title) <u>Ernest Younger</u>				23b. ADDRESS <u>3624 Rossell</u>		23c. DATE SIGNED <u>7-5-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7/9/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lemay 23, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>JUL 6 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fendler Und. Co., 7400 Michigan Ave.</u>				

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

**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 *W. G. Peterson*

Licensed Embalmer No. *376*

P. O. Address *7420 Michigan*

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.