

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11506

STATE FILE NUMBER

FILED MAR 29 1957

Registration District No. 312 Primary Registration District No. 545 Registrar's No. 674

Health
& Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN Maplewood		c. CITY OR TOWN Maplewood 45340	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 2131 Alameda Ave.		d. STREET ADDRESS 2131 Alameda Ave.	
3. NAME OF DECEASED (Type or print) First ELLA Middle M. Last HOLLMANN		4. DATE OF DEATH March 9, 1957	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED XX DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-24-1888
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY At home	9c. BIRTHPLACE (City and state or country) Kansas City, Kansas
10. FATHER'S NAME George B. Williams		11. MOTHER'S MAIDEN NAME Unknown Werner	
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		13. SOCIAL SECURITY NO. None	
14. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerotic heart disease		15. INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
DUE TO (b) Chronic Bronchitis		75 yrs.	
DUE TO (c) _____		16. WAS AUTOPSY PERFORMED? 0	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____		17. ADDRESS 4200	
18a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	18b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) No		
18c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. No	18d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) No		
18e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	18f. CITY, TOWN, OR LOCATION Maplewood, Mo.		
19. I attended the deceased from 1946 to March 9, 1957 and last saw her alive on 3/9/57		20. DATE SIGNED 3-12-57	
21. SIGNATURE John R. Briscoe (Degree or title) M.D.		22. ADDRESS 2648 Oakview Terr. Maplewood, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-13-1957	23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR JAY B. SMITH, Maplewood, Mo.		25. DATE REC'D. BY LOCAL REG. 3/12/57	26. REGISTRAR'S SIGNATURE Herbert B. Dambold

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.....

Licensed Embalmer No. 40

P. O. Address Maple

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.