

FILED MAR 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11536

State File No. 6920

BIRTH CO. _____ REG. DIST. CO. 312 PRIMARY REG. DIST. CO. 547 Registrar's No. 6920

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u> | |
| b. CITY OR TOWN <u>Richmond Heights</u> <small>(If not a corporate limit, give name of town and give township)</small> | | c. CITY OR TOWN <u>St. Charles</u> | d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) <u>1 day</u> | | e. STREET ADDRESS (If rural, give location) <u>108 North Fourth St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Saint Mary's Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>G.</u> c. (Last) <u>Hollander</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 11, 1957</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>April 28, 1888</u> | 9. AGE (In years last birthday) <u>68</u> | 10. IF UNDER 1 YEAR: Months <u>10</u> Days <u>13</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>finisher</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>A.C.F Ind.</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Cottleville, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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| 13a. FATHER'S NAME <u>George Hollander</u> | 13b. MOTHER'S MAIDEN NAME <u>Theresa Linhoff</u> | 14. NAME OF HUSBAND OR WIFE <u>Alma N. Orf</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY (If yes, give war or dates of service) <u>49-20-2969</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Elmer Hollander</u> | ADDRESS <u>St. Charles, Mo.</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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> | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Melanotic Carcinoma</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 yrs</u> | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Colon</u> | | | <u>4 yrs</u> |
| | DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
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| 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 Oct 1956 to Mar 11, 1957, that I last saw the deceased alive on Mar 11, 1957, and that death occurred at 11:00 m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>William C. Doolittle, M.D.</u> | 23b. ADDRESS <u>4161 Seidell</u> | 23c. DATE SIGNED <u>3/13/57</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>March 14, 1957</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Saint Charles, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>3/13/57</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Doolittle</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>H.C. Doolittle & Son</u> | ADDRESS <u>St. Charles, Mo.</u> |
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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.....
Licensed Embalmer No.....
P. O. Address.....

**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.**