. Health,
& Welfare
. Public
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042837
STATE FILE NUMBER

NOV 24 1958 Registration District No. 317 Primary Registration District No. 510 Registrar's No. 2959

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ~~St. Louis~~ Normandy — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Oter — Length of stay in 1b 6 hrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Franklin
c. CITY OR TOWN 2360 Pacific — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS 2 miles south of Pacific (If outside, give location) — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First Edward Middle 2 Last Halland
4. DATE OF DEATH Month Nov Day 13 Year 1958
5. SEX M
6. COLOR OR RACE W.
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] / DIVORCED [ ]
8. DATE OF BIRTH July 13 1885
9. AGE (In years last birthday) 73 — 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) Plumber
10b. KIND OF BUSINESS OR INDUSTRY plumbing
11. BIRTHPLACE (City and state or country) Kansas City Kan.
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Wm. Thos. Holland
13b. MOTHER'S MAIDEN NAME Amanda Arthurs
14. NAME OF HUSBAND OR WIFE Dorothy Holland.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Dorothy Holland Address Pacific Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Medullary paralysis	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Acute pulmonary edema	3 hrs.
DUE TO (c)	Myocardial infarction	12 hrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Arteriosclerosis Heart Disease

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 7201
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-12-58, to 11-13-58 and last saw her/him alive on 11-13-58
Death occurred at 11-13-58 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul E. Wayne (Degree or title) D.O.
22b. ADDRESS 6401 W. Florissant, St. Louis
22c. DATE SIGNED 11-14-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Nov 15 '58
23c. NAME OF CEMETERY OR CREMATORY Pacific
23d. LOCATION (City, town, or county) (State) Pacific Mo.

24. FUNERAL DIRECTOR Mo. John L. Thebes ADDRESS Pacific Mo.
25. DATE RECD. BY LOCAL REG. 11-15-58
26. REGISTRAR'S SIGNATURE Herbert B. Donkel M.D.

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JAN 29 1959

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 Ralph Ottman

Licensed Embalmer No. 4808

P. O. Address Union, Md.

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.