SOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-019094
STATE FILE NUMBER

AMENDED

FILED JUN 8 1961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5202

DATE AMENDED 9-2

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b: 40 years

c. CITY OR TOWN St. Louis — Inside Limits: Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. City Hospital — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 4016 N. 23rd. Street — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First GERTRUDE Middle E. Last HOLLING

4. DATE OF DEATH: Month June Day 1 Year 1961

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 10/26/1900

9. AGE (last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): Elvina, MO.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: George West

13b. MOTHER'S MAIDEN NAME: Unknown Sizemore

14. NAME OF HUSBAND OR WIFE: Arno Holling (deceased)

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: Richard Holling Address: 4016 N. 23rd. Street

MEDICAL CERTIFICATION

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

IMMEDIATE CAUSE (a) Acute Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: A few

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Chronic Myocarditis — Minutes

DUE TO (c) Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4221

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

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 May 15 '59 to June 1, '61 and last saw her alive on May 27, '61

Death occurred at 10:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Walter J. Mellies M.D. (Degree or title)

22b. ADDRESS 3523 N. 20th St.

22c. DATE SIGNED 6-2-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 6/6/1961

23c. NAME OF CEMETERY OR CREMATORY: National Cemetery

23d. LOCATION (City, town, or county) (State): Jefferson Barracks, MO.

24. FUNERAL DIRECTOR: SUEDMEYER & SON'S ADDRESS: 3934 N. 20th Street

25. DATE RECD. BY LOCAL REG.: JUN 3 1961

26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

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 Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St Louis M

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.