MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-026918
STATE FILE NUMBER

XC- 318 SL 26009 1003 6825
Registration District No. Primary Registration District No. Registrar's No.

AMENDED

FILED AUG 3 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MO.
Length of stay in 1b: 18 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VET ADM HOSPITAL
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: ILLINOIS
b. COUNTY
c. CITY OR TOWN: MADISON
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 210 CARVER STREET
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: JIM Middle: Last: HOLLAND

4. DATE OF DEATH Month Day Year: JULY 20, 1961

5. SEX: MALE

6. COLOR OR RACE: NEGRO

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 5-14-86

9. AGE (last birthday): 75

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): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: –

11. BIRTHPLACE (City and state or country): BIENVILLE, LA.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: BIRD HOLLAND

13b. MOTHER'S MAIDEN NAME: UNKNOWN

14. NAME OF HUSBAND OR WIFE: OPHELIA HOLLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT: OPHELIA HOLLAND, Address: 210 CARVER ST., MADISON, ILL.

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

IMMEDIATE CAUSE (a): PNEUMONIA

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): CEREBRAL VASCULAR ACCIDENT
DUE TO (c): GENERALIZED ARTERIOSCLEROSIS 33/X

INTERVAL BETWEEN ONSET AND DEATH

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

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

I/WA attended the deceased from 7-2-61, to 7-20-61 and last saw him alive on 7-20-61

Death occurred at 6:55 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Andrew W. McRoberts Father Grad
ANDREW W. MCROBERTS M.D.

22b. ADDRESS: VAH, ST. LOUIS, MO.

22c. DATE SIGNED: 7-20-61

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

23b. DATE: 7/28/61

23c. NAME OF CEMETERY OR CREMATORY: National Cemetery

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

24. FUNERAL DIRECTOR: Marion Offner
ADDRESS: 2114 Missouri Ave. East St. Louis, Ill.

25. DATE RECD. BY LOCAL REG.: JUL 22 1961

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

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

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 Frank Prokapf

Licensed Embalmer No. 4356

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.