MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036275

STATE FILE NUMBER

Registration District No. 318 FILED OCT 11 1962 Primary Registration District No. 1003 Registrar's No. 9582

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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DATE AMENDED 7/9/2

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Park Lane — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St.Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3803 Shaw — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Pauline — Middle — Last Hollman

4. DATE OF DEATH: Month Oct.4 Day Year 1962

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 1/31/1886

9. AGE (last birthday): 76 — 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): Seamstress

10b. KIND OF BUSINESS OR INDUSTRY: Dress

11. BIRTHPLACE (City and state or country): St.Louis Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: William Hollman

13b. MOTHER'S MAIDEN NAME: Louise Gutgesell

14. NAME OF HUSBAND OR WIFE: -

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.

17. INFORMANT: Miss Millie Hollman — Address: 3803 Shaw

18. CAUSE OF DEATH (Enter only one cause per line f

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): adenocarcinoma of descending colon — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

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

DUE TO (b):

DUE TO (c): 153.2

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

MEDICAL CERTIFICATION

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 Apr 1960, to Oct 4, 1962 and last saw her/him alive on Oct 4, 1962

Death occurred at 5:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] DO

22b. ADDRESS: 3012 Lafayette

22c. DATE SIGNED: 10/5/62

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

23b. DATE: Oct 8 1962

23c. NAME OF CEMETERY OR CREMATORY: New Picker

23d. LOCATION (City, town, or county) (State): St.Louis Mo.

24. FUNERAL DIRECTOR: E.J.Schnur — ADDRESS: 3125 Lafayette

25. DATE RECD. BY LOCAL REG.: OCT 8 1962

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

DR TREFELETTI
3012 LAFAYETTE 2 PM

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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.