

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

11000

1. PLACE OF DEATH

County..... Registration District No. 1 791
 Township..... Primary Registration District No. 1003
 City St. Louis, (No. 4525 Gibson av.,) St. Ward)

File No.....
 Registered No. 3031
 St. Ward)

2. FULL NAME David L. Hollems,

(a) Residence. No. 4525 Gibson St., 18 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower,
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1856-9-20

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>73</u>	<u>6</u>	<u>4</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Retired
 (b) General nature of industry, business, or establishment in which employed (or employer) Painter & Farmer
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa,

PARENTS	10. NAME OF FATHER <u>Unknown</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	12. MAIDEN NAME OF MOTHER <u>"</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u>	

14. INFORMANT David L. Hollems
 (Address) 4525 Gibson av.,

15. FILED 3/25 19 1930 Dr. C. J. ... REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/24/ 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1929, to March 24th, 1930 that I last saw him alive on March 23rd, 1930 and that death occurred, on the date stated above, at 1:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1 Myocarditis, Chronic
2 Arterio Sclerosis
335
24B (duration) 2 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Coronary Thrombosis
 (duration) yrs. mos. 1/2 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS all tests
 (Signed) J. Brennan M. D.
3/24/ 19 30 Address 4267 Manchester av.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Central City, Ia DATE OF BURIAL 3/25 1930

20. UNDERTAKER Robert ... ADDRESS 4465 ...

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

V. NO. 2.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

11/11/11