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

Do not use this space.
11542

1. PLACE OF DEATH
County: Saline
Registration District No.: 1170
Primary Registration District No.: 1248H
City: Richmond Hts Mo. (No. St Marys Hospital St. Ward)
File No.:
Registered No.: 84

2. FULL NAME: Sister Mary Francella (Marcella Hollenbrink

(a) Residence. No. St., 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

APR 7 1931

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.

MISSOURI STATE BOARD OF HEALTH FOR PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 28-1892

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
38	5	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Religious
(b) General nature of industry, business, or establishment in which employed (or employer): 214
(c) Name of employer: Sisters of Mary

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Nebraska

PARENTS
10. NAME OF FATHER: Jno Hollenbrick
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Wis
12. MAIDEN NAME OF MOTHER: Johanna Griffin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): N.Y.

14. INFORMANT: Thos Hollenbrick
(Address): St Marys Hospital

15. FILED 3/26 1931 Co. Lo. Jenkins REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3/25 1931.

17. I HEREBY CERTIFY, That I attended deceased from 3/5/31 1931, to 3/25 1931, that I last saw alive on 3/25 1931, and that death occurred, on the date stated above, at 9:25 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
15B (C Sepsis).
107A
36 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Erysipelas Strep. Cellulitis
(duration) yrs. mos. 21 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Dr. James J. Foth M. D
3/26, 1931 (Address) 1004 Dno Bldg

*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: St Peter & Paul
DATE OF BURIAL: 3/27 1931

20. UNDERTAKER: Thos J Finan
ADDRESS: 15195 Gravois