

REC'D MAR 14 1938

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

4606
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1908**
 (c) City St. Louis Children's Hospital (a) Street No. 460 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **1251**

2. PRINT FULL NAME

(a) Residence, No. Hilly Mae Gollaher St. **NR** Caledonia, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/2/38, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 12/19, 1937, to 2/2/38, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-2-24

I last saw her alive on 2/2/38, 1938 Death is said to have occurred on the date stated above, at 4:30 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
13 10 0

The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Chief
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

Acute Leukemia Date of onset 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Other contributory causes of importance:

FATHER 13. NAME Erasmus Gollaher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Hallie Hewitt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) A. Blum
500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Caledonia, Mo. DATE February 5th 38

19. FUNERAL DIRECTOR (ADDRESS) Albert H. Hoppe Inc.,
429 N. Euclid Avenue

20. FILED FEB 3 1938 19 J. B. Bredbeck

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? NO.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Ralph N. Barlow, M. D.
(Address) 500 S. Kingshighway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

