

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

30895  
Do not use this space.

REC'D OCT 12 1938

1. PLACE OF DEATH

(a) County Missouri

Registration District No. 791

(b) Township St. Louis

Primary Registration District No. 1003

(c) City St. Louis

(d) Street No. 5465 Geraldine 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

yr. mos. ds. (f) How long in U. S., if of foreign birth? yr. mos. ds.

2. PRINT FULL NAME

Amalie Holba 410

(a) Residence, No. 5465 Geraldine St. 7

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

John W. Holba

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec. 12 - 1884

7. AGE YEARS

53

MONTHS

9

DAYS

21

If LESS than 1 day, ..... hrs. or ..... min.

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.

Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

Austria

FATHER

13. NAME

John Grabinec

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

Austria

MOTHER

15. MAIDEN NAME

Unknown

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

Austria

17. INFORMANT (ADDRESS)

John W. Holba  
5465 Geraldine

18. BURIAL, CREMATION, OR REMOVAL PLACE

Calvary Cem DATE Sept 24 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

John G. Schirteman  
5077 Durant ave

20. FILED

SEP 29 1938

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 21 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1<sup>st</sup> 1938 to Sept 21 1938

I last saw h. per alive on Aug 20 1938 Death is said to have occurred on the date stated above, at 7:30 p

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

Chronic myocarditis

Date of onset Doct know

Other contributory causes of importance:

Name of operation none Date of none

What test confirmed diagnosis? clinical 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? no

If so, specify. (Signed) Roland R. Merson M. D. (Address) 5330 Geraldine a

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.

**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 .....

Registered Apprentice No....., working under my personal supervision.

Signed *Guy W Wilkinson*

Licensed Embalmer No. *3575*

P. O. Address.....

**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 this body is not embalmed, above space should be left blank.**