

OCT 23 1927

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

Do not use this space.

1. PLACE OF DEATH

County St. Charles

Registration District No. 757

Township St. Charles

Primary Registration District No. 3036

City St. Charles

(No. 415, Houstone St.)

File No. 28133

Registered No. 145

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME August Henry Hollach

(a) Residence, No. 415 Houstone 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

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

Widowed

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

Mary E. Rohlfing

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 26 - 1858

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>69</u>	<u>3</u>	<u>28</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Template maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Charles County Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER John D. Hollach

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Anna Rohlfing

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

14. INFORMANT Walter H. Hollar  
(Address) St. Charles, Mo.

15. FILED 9-27-27 Otto Brekmeier  
REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 24 1927

17. I HEREBY CERTIFY, That I attended, deceased from Sept 24, 1927 to Sept 24, 1927, that I last saw him alive on Sept 24, 1927, and that death occurred, on the date stated above, at 9:10 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

74  
1 Cerebral Hemorrhage  
(asymptomatic)  
(duration) yrs. mos. ds. 3 hrs.

CONTRIBUTORY Sen. Arteriosclerosis  
(SECONDARY)  
(duration) yrs. mos. ds. 5<sup>2</sup>

18. WHERE WAS DISEASE CONTRACTED Home  
IF NOT AT PLACE OF BIRTH

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Signs & Symptom

(Signed) A. P. Prich, M.D.

Sept. 26, 1927 (Address) St. Charles, Mo.

\*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  Lutheran Cemetery DATE OF BURIAL  Sep 27 1927

20. UNDERTAKER W. Halleney Adams Co ADDRESS 8009 1/2 1st St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Informer should be stated EXACTLY. PHYSICIANS should state AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

