

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

Do not use this space.

3465

**1. PLACE OF DEATH**

County St. Louis Registration District No. 4 1160 File No. 9  
 Township Central Primary Registration District No. 470 Registered No. 1  
 City University City (No. 1406) St. University City Ward

**2. FULL NAME**

(a) Residence. No. 1406 15th St. Ward 1  
 (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**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Debra Hollenberg</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 25 - 1888</u>		
7. AGE	YEARS <u>40</u>	MONTHS <u>7</u>
	DAYS <u>3</u>	IF LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Police Officer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Franken Rope Co.</u> (c) Name of employer <u>Co.</u>		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 28 1929

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....  
 (that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at ..... 6:30 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Suicide by cutting instrument  
60 (2 1/2 inch knife)  
 (duration) ..... yrs. .... mos. .... ds.  
 CONTRIBUTORY Heart Cret - Arterioscler.  
 (SECONDARY) (duration) ..... yrs. .... mos. .... ds.

9. BIRTHPLACE (CITY OR TOWN) Augusta  
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Henry Hollenberg

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

12. MAIDEN NAME OF MOTHER Antoinette Lowerhaupt

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

14. INFORMANT Henry Hollenberg  
 (Address) 1406 15th St. West

15. FILED 1/30, 1929 Marie Brown  
 REGISTRAR

18. WHERE WAS DISEASE CONTRACTED 1771  
 IF NOT AT PLACE OF DEATH 6975 Duquesne University, Ct.

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) John O'Connell M. D.  
 (Address) Mayor of St. Louis County

\*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 Calvary Mort DATE OF BURIAL Jan 31 1929

20. UNDERTAKER Walter Stewart ADDRESS 5525 Easton

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.

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