

MAINTAINED RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 27 1930

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

Do not use this space.

~~13026~~
13739

1. PLACE OF DEATH
 County St. Charles Registration District No. 757
 Township St. Charles Primary Registration District No. 5998
 City St. Charles (No. Elm Point Road) St. Ward

2. FULL NAME John Diederich Hollrah
 (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.

PERSONAL AND STATISTICAL PARTICULARS

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 Menke

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 23-1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 0 14

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER No History

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No History

12. MAIDEN NAME OF MOTHER No History

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No History

14. INFORMANT Hilda Hollrah
 (Address) 3615 Shenandoah, St. Louis, Mo

15. FILED 4/28/30 H. S. Blueburn
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 17 1930

17. I HEREBY CERTIFY, That I attended deceased from April 13, 1930, to April 17, 1930, that I last saw him alive on April 16, 1930, and that death occurred, on the date stated above, at 6 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
82A
77
 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
 (duration) 15 yrs. mos. 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? Cerebral Surg
 (Signed) H. S. Blueburn, M. D.
4-17, 1930 (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 April 30 1930

20. UNDERTAKER H. S. Blueburn & Sons Co ADDRESS 800 W. 2nd St.

