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.

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

Do not use this space.

20783

1. PLACE OF DEATH
96 County St. Louis — Registration District No. 1160 — File No.
10 Township Central — Primary Registration District No. 4470 — Registered No. 51
5 City University City (No. 7442 Melrose St. Ward)

2. FULL NAME Joseph Hollenbach.
(a) Residence, No. 7442 Melrose St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dorothy Hollenbach.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 31-1854
7. AGE: YEARS 78 — MONTHS 0 — DAYS 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Elec. Engineer.
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): Germany. 10

FATHER
13. NAME: Johannes Hollenbach.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

MOTHER
15. MAIDEN NAME: Elizabeth Keitel.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

17. INFORMANT (ADDRESS): Willi Dorge. 7442 Melrose.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: June 7, 1932
19. UNDERTAKER (ADDRESS): Mullen Wd Co. 5165 Delmar Blvd.
20. FILED: June 6, 1932 Lina V. Moeller, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 5, 1932
22. I HEREBY CERTIFY, That I attended deceased from 4-19, 1932, to 6-5, 1932
I last saw him alive on 6-4, 1932. Death is said to have occurred on the date stated above, at 5:10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	6-8 mo
46B	

Other contributory causes of importance:

Name of operation: None — 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 No

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) S. Tashma, M. D.
(Address) 6510 Delmar av