

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

Do not use this space.

36349

1. PLACE OF DEATH

County ST. LOUIS

Registration District No. 1170

Township

Primary Registration District No. 6248 H.

City RICHMOND HEIGHTS 1313 BIG BEND.

File No. ....

Registered No. 232

St. .... Ward)

2. FULL NAME

DOROTHEA HOLLENBACH.

(a) Residence, No. 1313 BIG BEND. St. .... Ward.

(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 FEMALE 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 W. HOLLENBACH.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 29 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... mln. 76 2 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEKEEPER.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

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) GUNTERODE GERMANY

13. NAME UNK.

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

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT (ADDRESS) MR. W. DORGE, 1313 BIG BEND

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM. DATE SEPT. 11 1936

19. UNDERTAKER (ADDRESS) E. J. Schmur, 31257 Lafayette av.

20. FILED Sept. 9 1936 Sau. A. Barrett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10.50 9/11 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1936 to Sept 11 1936

I last saw her alive on Sept 1 1936. Death is said

to have occurred on the date stated above, at 10:50 p.m.

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

Myocarditis - chronic,  
degenerative,  
Chronic passive congestion

Date of onset  
1930  
2 mo

Other contributory causes of importance: Sept 11

Chronic Nephritis, moderate  
uremia: Head & hand

July 1936

Name of operation None Date of

What test confirmed diagnosis? None 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

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) Sam A. Barrett M. D.

(Address) 1250 S. Big Bend

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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