JUL 11 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 26827

REC'D AUG 7 1939

Registration District No. 4

Primary Registration District No. 200

Registrar's No. 1248

**1. PLACE OF DEATH:** 2

(a) County St. Louis

(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Wise & Highway 40
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 1

(a) State Missouri (b) County St. Louis

(c) City or town Overland
(If outside city or town limits, write "RURAL")

(d) Street No. 9357 Central Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Bertha Hollenbeck 451

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Claude Hollenbeck

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. (Month) 4 (Day) 1890 (Year)

8. AGE: Years 48 Months 8 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Hannibal (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife 0

11. Industry or business 0

FATHER
12. Name Charles Schmidt 9
13. Birthplace Hannibal (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Claude Hollenbeck
(b) Address 9357 Central Ave. Overland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-39 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Lebanon Cem.

18. (a) Signature of funeral director Blumann Bros. Inc.
(b) Address 2504 Woodson Rd. Overland, Mo.

19. (a) JUL 11 1939 (Date received local registrar) (b) [illegible] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 9 1939
year 1939 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__;
that I last saw h_____ alive on _____, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Automobile accident¾ Struck by a "hit & run" automobile

Due to while a pedestrian on a public highway. 7/9/39

Due to Fracture of the skull.

Fracture of the left tibia & fibula
(Include pregnancy within 3 months of death)

Major findings:
Of operations 2 1 0 M
Of autopsy 2 1

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence July 9, 1939
(c) Where did injury occur? Overland, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? no (e) Means of injury struck by auto

23. Signature John O'Connell (M. D. or other) 4
Address Coroner of St. Louis County Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1 X19511

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed Earl S. Pillerman

Licensed Embalmer No. 3501

P. O. Address Overland Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**