

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 155

## 1. PLACE OF DEATH:

(a) County St. Charles 2.  
 (b) City or town St. Charles  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (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)

3. (a) PRINT FULL NAME GEORGE HOLLENDER 4533. (b) If veteran, name war No 3. (c) Social Security No. 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Eliza Hollander 6. (c) Age of husband or wife if alive  years7. Birth date of deceased January 29 1878  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
61 8 25 hr. min.

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

10. Usual occupation Day Laborer11. Industry or business 512. Name Unknown 9

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Pete Hollander(b) Address St. Charles, Mo.17. (a) Burial (b) Date thereof Oct. 18-1939  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oak Grove Cemetery18. (a) Signature of funeral director W. C. Ballinger & Sons(b) Address 900 N. Second St. Charles, Mo.19. (a) 10/17/39 (b) Clarence H. Hessler  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles  
 (c) City or town \_\_\_\_\_  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14th  
year 1939 hour MIDNIGHT minute \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from Held inquest, 19 Oct-16th, 1939;  
that I last saw h. alive on \_\_\_\_\_, 19\_\_\_\_\_;  
and that death occurred on the date and hour stated above.Immediate cause of death: Pneumonia - N. M. D.Toxic myocarditisDue to Hepatitis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operationsOf autopsy Yes - Pneumonia - Pleurisy.  
Toxic myocarditis - Hepatitis

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) \_\_\_\_\_

619 (e) Means of injury Car23. Signature John H. Buse (M. D. or other)Address St. Charles County Mo. Date signed Oct 16 39

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**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.....

Licensed Embalmer No.....

P. O. Address.....

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

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



