

No. 2
1-4-41
-17-39
X26399

FILED SEP 17 1941

Registration District No. **791**

Primary Registration District No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16-Mo., 19 days
(Specify whether
In this community 73 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3848 Marine
(If rural, give location)
(e) Citizen of foreign country? Germany (Yes or No)
If yes, name country Germany.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month August day 29, 1941.
year 1941 hour 10:40 minute P. M.
21. I hereby certify that I attended the deceased from
October 11, 1940 to August 29, 1941
that I last saw him alive on August 29, 1941
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Phillip Hollenbach.
3. (b) If veteran, name war No. 3. (c) Social Security No. None

Immediate cause of death Bronchopneumonia Duration 3

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 10 1867
(Month) (Day) (Year)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy Bronchopneumonia
Chronic cholecystitis, Calculus

8. AGE: Years 74 Months 2 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Germany (City, town, or county) (State or foreign country) 4
None.

10. Usual occupation _____
11. Industry or business None.

MOTHER FATHER { 12. Name John Hollenbach
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

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) (e) Means of injury _____

16. (a) Informant Louise Green
(b) Address 5800 Arsenal
17. (a) Burial (b) Date thereof 9/1/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetary

18. (a) Signature of funeral director Bronschick
(b) Address 4746 W. Alton
19. (a) AUG 31 1941 (b) J. H. Green
(Date received local registrar) (Registrar's signature)

23. Signature Louise Green (M. D. or other) MD
Address 5600 Arsenal St. Date signed 8/30/41

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.....

Ray W. Wilkinson

Licensed Embalmer No.....

3875

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.