

No. 2  
-1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

32519

State File No. ....

FILED OCT 1941

Registration District No. ....

Primary Registration District No. 200

Registrar's No. 1988

1. PLACE OF DEATH:

(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:  
2413 Longfellow ave /  
(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:

(a) State MO (b) County St. Louis Co  
(c) City or town Overland  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2413 Longfellow Ave  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry Hollenbeck

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. None

4. Sex Male / 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Mary Hollenbeck 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 14 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 ----- 7 -- 12 - hr. min.

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

10. Usual occupation Retired Cabinet Worker

11. Industry or business \_\_\_\_\_

12. Name Conrad Hollenbeck

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

14. Maiden name Mary Juergens

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

16. (a) Informant Theodore Hollenbeck

(b) Address 2413 Longfellow Ave 1941

17. (a) Burial (b) Date thereof Sep 29 Th  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Koch

(b) Address 3516 N 14 Th Str

19. (a) SEP 26 1941 (b) S. Mc Laren  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26  
year 1941 hour 19 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb. 25  
1941 to Sept 26 1941;  
that I last saw him alive on Sept 26 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 1 yr

Due to 93d

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature Regenerd Arnold (M. D. or other) M.D.

Address 4356 Warne Date signed 9/26/41

(Licensed Embalmer's Statement on Reverse Side)

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

96  
13  
1

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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 *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *732 Lemay*

**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.**