

S. No. 2  
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5-17-39  
-I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **4472**  
**1687**  
Registrars' No. ....

**FILED MAR 17 1947 91**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**5578 Labadie 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.....  
(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No..... **5578 Labadie Ave.**  
(If rural, give location)  
(e) Citizen of foreign country?.....  
(Yes or No)  
If yes, name country.....

3. (a) PRINTED FULL NAME..... **Charles (Carl) Hollenberg**

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

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

6. (b) Name of husband or wife..... **Barbara Hollenberg**  
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **Nov. 1st 1877**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**64 3 22** hr. min.

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

10. Usual occupation..... **Custodian**

11. Industry or business..... **Missouri Pattern Works**

MOTHER FATHER

12. Name..... **Carl Hollenberg**

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

14. Maiden name..... **Louise Schmalstick**

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

16. (a) Informant..... **Barbara Hollenberg**

(b) Address..... **5578 Labadie Ave.**

17. (a) **Burial** (b) Date thereof..... **2-25-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Memorial Park**

18. (a) Signature of funeral director..... **Kriegshauser Mortuaries**

(b) Address..... **4228 So. Kingshighway Blvd.**

19. (a) **FEB 24 1942** (b) **J. F. Brudeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Feb.** day..... **23rd**  
year..... **1942** hour..... **6:30** minute..... **A.M.** M.

21. I hereby certify that I attended the deceased from.....  
....., 19....., to....., 19.....

that I last saw h..... alive on..... and that death occurred on the date and hour stated above.

Immediate cause of death..... **Sepsis following infection of left leg when he was struck by leg against a bench while at work at the Missouri Pattern Works, Inc., 4143 Laclede Ave. East time and date.**

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings: Of operations..... **Pending 1950**

Of autopsy.....

1948

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

(a) Accident, suicide, or homicide (specify)..... **Accident**

(b) Date of occurrence..... **unknown**

(c) Where did injury occur?..... **St. Louis**  
(City or town) (County) (State)

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

While at work?..... **Yes** (Specify type of place) (Specify type of place)  
(e) Means of injury..... **struck leg**

23. Signature..... **Alfred Perry** (M. D. or other).....

Address..... **19 Industrial** Date signed..... **2/24/42**

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

*Mr. C. F. Bullock*  
*3024 West...*  
*He 1904 2-4*  
*Carver*

**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 *Charles A. St. Bernard*

Licensed Embalmer No. *3024*

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.**