S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7654

FILED MAR 2 1942

Registration District No. 19427 Primary Registration District No. 5998 Registrar's No. 238

1. PLACE OF DEATH:
(a) County St Charles
(b) City or town Rural - St Charles Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RR #1 St Charles, Mo 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. CHARLES
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. ST. CHARLES TOWNSHIP
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes name country .....

3. (a) PRINT FULL NAME GEORGE HOLLENBERG
3. (b) If veteran, name war — 3. (c) Social Security No. NONE
4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife SOPHIA HOLLRAH 6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased MARCH (Month) 27 (Day) 1853 (Year)

8. AGE: Years	Months	Days	If less than one day
86	9	10	..... hr. ..... min.

9. Birthplace HANOVER (City, town, or county) GERMANY (State or foreign country)
10. Usual occupation RETIRED
11. Industry or business .....
FATHER 12. Name HENRY HOLLENBERG
13. Birthplace HANOVER (City, town, or county) GERMANY (State or foreign country)
MOTHER 14. Maiden name CATHERINE SANDHAUS
15. Birthplace HANOVER (City, town, or county) GERMANY (State or foreign country)
16. (a) Informant Hugo Hollenberg
(b) Address St Charles County, Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 10, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation LUTHERAN CEMETERY
18. (a) Signature of funeral director Hoelscher Bros
(b) Address 326 North St - St Charles Mo
19. (a) 1-10-42 (Date received local registrar) (b) Clarence G. Wessler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 7
year 1942 hour 7 minute 50 A.M.
21. I hereby certify that I attended the deceased from January 3, 1942 to January 7, 1942 that I last saw him alive on Jan 6, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
chronic myocardial disease	30 yrs?
coronary artery disease	10 yrs?
Due to	
Due to	
Other conditions generalized arteriosclerosis (Include pregnancy within 3 months of death)	15 yrs?

Major findings:
Of operations —
Of autopsy —

93d

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(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? (Specify type of place)
While at work? (e) Means of injury .....
23. Signature George F Koster (M. D. or other) MD
Address St Charles Mo Date signed Jan 10, 1942

(Licensed Embalmer's Statement on Reverse Side)

APR. 17 1947

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. 3154

P. O. Address. St Charles Mo.

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.