

FILED JUN 14 1943 318

Registration District No. ....

Primary Registration District No. **1003**

Registrar's No. **5118**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**  
(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Louis City Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **8 Days**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL.")  
(d) Street No. **1811 S. 11th St.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **John Hollerbach**

3. (b) If veteran, name war..... 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 **Anna Hollerbach** 6. (c) Age of husband or wife if alive **70** years  
7. Birth date of deceased **Unknown About 1873**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**About 70** hr. min.

9. Birthplace **Austria** (City, town, or county) (State or foreign country) **4**

10. Usual occupation **Retired Machinist**

MOTHER FATHER { 11. Industry or business.....

12. Name **Paul Hollerbach**  
13. Birthplace **Austria** (City, town, or county) (State or foreign country) **4**  
14. Maiden name **Unknown**  
15. Birthplace **Unknown** (City, town, or county) (State or foreign country) **9**

16. (a) Informant **Anna Hollerbach**  
(b) Address **4069 a Connecticut St.**  
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **June 4 43**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **New St Marcus**

18. (a) Signature of funeral director **Wm E. Merrill**  
(b) Address **1926 Allen Ave.**

19. (a) **JUN 2 1943** (b) **J. J. Budek**  
(Date of local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **2** year **1943** hour **3:25** minute **P.** M.

21. I hereby certify that I attended the deceased from **May 26**, 19**43** to **June 2**, 19**43** that I last saw him alive on **June 2**, 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Thrombosis of right**  
**antico-vertebral**  
**artery.**  
Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations.....  
Of autopsy **above**

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) (c) Means of injury.....  
23. Signature **Louis G. Seefeldt M.D.** (M.D. or other) **6/2/43**  
Address **1515 Lafayette Avenue** Date signed

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

**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed P. M. Davis

....., Licensed Embalmer No. 3741

..... P. O. Address 1926 Allen Ave

**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.