

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

92
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Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 162

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
203 North & South St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town St. Charles
(If outside city or town limits, write "RURAL")

(d) Street No. 203 on South St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Helen K. Hollander

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race of White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry Hollander

6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased February 28 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 6 21 hr. min.

9. Birthplace Weldon Springs, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Nicholas Luisa

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

14. Maiden name Elizabeth Loeffler

15. Birthplace Weldon Springs, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant William Hollander

(b) Address 203 N. 4th, St. Charles, Mo.

17. (a) Burial (b) Date thereof Sept. 23 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Lem. Cottenille, Mo.

18. (a) Signature of funeral director H. C. Dalmeyer & Sons

(b) Address 801 N. Second, St. Charles, Mo.

19. (a) 9/20/1943 (b) Kenneth C. Paul
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 19
year 1943 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from Jan 10 1942 to Sept. 19 1943
(that I last saw her alive on Sept. 18 1943 and that death occurred on the date and hour stated above.)

Immediate cause of death Cerebral aneurysm

Due to Carcinoma of Brain

Due to 60

Other conditions 60
(Include pregnancy within 3 months of death)

Major findings: Brain tumor

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? _____

23. Signature H. C. Dalmeyer & Sons (M. D. or other) _____
Date signed 9-21-43

Duration

?

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

DEC 21 1948

SEP 4 1945

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 John E. Hallmeier
Licensed Embalmer No. 2951
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.