

FILED JAN 24 1944

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 125

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Manchester Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mancheatre Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Mo.
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County 999

(c) City or town East St. Louis
(If outside city or town limits, write "RURAL") 11

(d) Street No. 734 N. 61st St.
(If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Fred Hollander

3. (b) If veteran, name war No.

3. (c) Social Security No. No

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Annie Wacker

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

7. Birth date of deceased: Dec. 30 1865
(Month) (Day) (Year)

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

78 1 15 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired 20 Yrs.

11. Industry or business _____

12. Name Frederick W. Hollander

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name North

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Aldo Ruggieri

(b) Address 734 N. 61st St. E. St. Louis, Mo.

17. (a) Burial (b) Date thereof Jan 17 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CONCORDIA

18. (a) Signature of funeral director Editha J. ...

(b) Address 1936 St. Louis Ave.

19. (a) JAN 18 1944 (b) E. J. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 1944 hour 4 minute 0 a. M.

21. I hereby certify that I attended the deceased from Dec 1st 1942, to Jan 15 1944

that I last saw him alive on Dec 13, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Perforation of Intestine + distention of Intestine

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 12th rib

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 0

23. Signature Antonio J. ... (M. D. or other)
Address 31507 Orleans Date signed 1-16-44

Duration _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

96
0
J

3509
P. O. Address

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.....
[Handwritten Signature]

Licensed Embalmer No. *3737*

P. O. Address *1936 St. Louis*

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.