

FILED AUG 8 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

State File No. \_\_\_\_\_

Registrar's No. 6642

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:  
4407 Beck 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 40 Years  
years, months or days)

3. (a) PRINT FULL NAME Martin J. Hollmann

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 Mrs. Louise Hollmann 6. (c) Age of husband or wife if alive 70 years  
 7. Birth date of deceased August 13, 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 11 12 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Altenburg Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Dealer

11. Industry or business Self

MOTHER FATHER

12. Name Joseph Hollmann  
 13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Anna Unknown  
 15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louise Hollmann

(b) Address 4407 Beck Ave.

17. (a) Burial (b) Date thereof July 29, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F.H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) 1111 (b) J. F. Brudack  
(Date received) (local) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4407 Beck  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25th  
 year 1944 hour 5: minute 03 P.M.

21. I hereby certify that I attended the deceased from May 15, 1944 to July 25, 1944  
 that I last saw him alive on July 24, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
 Duration \_\_\_\_\_

Due to 181  
 Due to \_\_\_\_\_

Other conditions Cardio-renal  
(Include pregnancy within 3 months of death)  
hypertension disease  
 Major findings: Arteriosclerosis  
 Of operations Sensitiz  
 Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 J. J. Pernaudo  
 Address 3115 80 St Date signed 7/28/44

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

10-7-6  
3115 E. ...

10-1

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 Theo D Beidornick

Licensed Embalmer No. 506

P. O. Address 1936 St Louis 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.