. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1947

Registration District No. 316

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3058

State File No. 2158

Registrar's No. 18

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

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: 300 North Benton Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles 92
(c) City or town St. Charles 9
(If outside city or town limits, write "RURAL")
(d) Street No. 300 North Benton Avenue 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Theresa Hollander
3. (b) If veteran, name war NIL
3. (c) Social Security No. NIL
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Hollander
6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased May (Month) 15 (Day) 1862 (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	7	16	hr. min.

9. Birthplace Harvester-St.Charles Co., Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business own home
FATHER
12. Name Anton Linhoff
13. Birthplace ..... Germany 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Schmidt
15. Birthplace ..... Germany 4 (City, town, or county) (State or foreign country)
16. (a) Informant George Hollander
(b) Address 300 N.Benton-St.Charles,Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb 4-1947 (Month) (Day) (Year)
(c) Place: burial or cremation St. Joseph Cem. Cottleville, Mo.
18. (a) Signature of funeral director H.C. Dallmeyer + Sons Co
(b) Address 800 N.2nd-St.Charles, Mo.
19. (a) Feb 7-47 (Date received local registrar) (b) Naomi Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31
year 1947 hour 9:45 minute P. M.
21. I hereby certify that I attended the deceased from Jan 4 — 1942, to Jan 31, 19..., that I last saw her alive on Jan 31, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary atelectasis - Right lung congestive heart failure	1 day
Due to	
Due to	
Other conditions Common duct obstruction (Include pregnancy within 3 months of death) due to stone	
Major findings: Of operations	
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 0
23. Signature Vincent A Schneider (M. D. or other) MD
Address St Charles, Mo Date signed 2/3/47

(Licensed Embalmer's Statement on Reverse Side)

284

AUG 19 1948

Date Filed 2-11-47

District File Number

REGISTRAR

District Health Officer No. 9,

AUG 13 1948

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 Joseph I Lambert

Licensed Embalmer No. 4189

P. O. Address 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.