

FILLED MAR 24 1947 318

1003

Registration District No. Primary Registration District No.

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:
3838 Kingsland Court
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3838 Kingsland Court
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frederick Hollatz
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Etta Gatzert
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased November 30 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 3 10 _____ hr. _____ min.

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

10. Usual occupation Elevator Operator

11. Industry or business Lindell Trust Real Estate Co.

12. Name William Hollatz

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

14. Maiden name Augusta Funk

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

16. (a) Informant Mrs. Etta Hollatz

(b) Address 3838 Kingsland Court

17. (a) Burial (b) Date thereof Mar. 14, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director BEIDERWIEDEN F. H. INC.
(b) Address 1936 St. Louis Avenue

19. (a) MAR 13 1947 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1947 hour 10 minute 20 P. M.
21. I hereby certify that I attended the deceased from March 9-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31
3-9 to March 10 1947
that I last saw him alive on March 10 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia
Due to _____
Due to _____
Other conditions 107
(Include pregnancy within 3 months of death)

Major findings:
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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature J. F. Bredeck (M. D. or other) Dr.
Address 1446 S. Grand Date signed 3/14/47

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

MOTHER FATHER

Duration 4 day
PHYSICIAN
Underline the cause to which death should be charged statistically.

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..... *Glew W. Hatz*

Licensed Embalmer No. *3937*

P. O. Address..... *1936 N. Franklin*

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.