

No. 2
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5-17-39
P I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 21 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25650
Registrar's No. 2475

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution:
4114 Walsh
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(d) Street No. 420 North Benton
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME George H. Hollander
3. (b) If veteran, name war NIL
3. (c) Social Security No. NIL

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Theresa (Linhoff) Hollander, dec'd
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 22 1863

8. AGE: Years Months Days If less than one day
84 5 15 hr. min.

9. Birthplace Weldon Springs, Missouri

10. Usual occupation Retired Farmer

11. Industry or business Farming

12. Name Frank Hollander

13. Birthplace Germany

14. Maiden name Mary Daniel

15. Birthplace unknown

16. (a) Informant Mrs. John Crockwell

(b) Address 4114 Walsh-St. Louis, Mo.

17. (a) burial (b) Date thereof July 10-1947

(c) Place: burial or cremation St. Joseph Cem Cottleville, Mo.

18. (a) Signature of funeral director H. C. Dutton

(b) Address 800 N. 2nd-St. Charles, Mo.

19. (a) JUL 8 1947 (b) J. F. Brueck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1947 hour 7:10 minute P.M.

21. I hereby certify that I attended the deceased from 3 June
1947, to 7 July 1947
that I last saw him alive on 7 July 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myo-
CARDITIS AND MYOCARDIAL
DEGENERATION Duration 6-7 mon

Due to 1/31

Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)
Arteriosclerotic kidneys PHYSICIAN _____

Major findings:
Of operations _____

Of autopsy _____
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? _____

(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 _____ (M. D. or other) _____

Address 543 9th St. St. Charles, Mo. Date signed 8 July 47
GEORGE H. YOUNG

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

AUG 21 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.....

Herbert C. Dollmeyer....., Registered Apprentice No. *429*
working under my personal supervision.

Signed *Joseph I. Lendolt*
Licensed Embalmer No. *4189*
P. O. Address *St. Charles*

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.