No. 2
1/47
7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6505

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1803

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: DePaul Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 5444 Finkman Ave (If rural, give location) 9
2
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME David Simpson Hollabaugh
3. (b) If veteran, name war ***** 3. (c) Social Security No. *****
4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 21 1948 (Month) (Day) (Year)

8. AGE: Years | Months | Days 29 | If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation Nil
11. Industry or business
FATHER
12. Name Wilbur Hollabaugh 1
13. Birthplace Arkansas (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name O'Fallon Young
15. Birthplace Tennessee (City, town, or county) (State or foreign country) 1
16. (a) Informant Wilbur Hollabaugh
(b) Address 5444 Finkman Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Ziegenhein Bros
(b) Address 6409 Gravois Ave
19. (a) FEB 23 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19th day February year 1948 hour 2:05 minute P. M.
21. I hereby certify that I attended the deceased from 1-21-48, 19, to 2-19 1948; that I last saw him alive on 2-19-48, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ulcerative enteritis	OK
Due to OK	
Due to 119	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy As above	

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury
23. Signature Walter H. Spoensman M.D. (M. D. or other)
Address 1506 St Louis Date signed 2-20-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Homer W. Fritz

Licensed Embalmer No. 3882

P. O. Address .....

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.