

No. 300
10.48

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

1003 State File No. 10344
Registrar's No. 28802

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		State File No. 10344		Registrar's No. 28802											
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY															
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2257													
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to City Hospital				d. STREET ADDRESS (If rural, give location) 510 Chestnut (LaSalle Hotel)															
3. NAME OF DECEASED a. (First) Henry (Type or Print)			b. (Middle)			c. (Last) Hollenberg			4. DATE OF DEATH (Month) (Day) (Year) March 23 1951										
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 17, 1900		9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Mins.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter (Rtd.)				10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Washington, Missouri			12. CITIZEN OF WHAT COUNTRY? USA										
13a. FATHER'S NAME Henry Hollenberg				13b. MOTHER'S MAIDEN NAME Antoinette Lowenhaupt				14. NAME OF HUSBAND OR WIFE Marcia Hollenberg											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marcia Hollenberg, 510 Chestnut													
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.										MEDICAL CERTIFICATION									
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____										INTERVAL BETWEEN ONSET AND DEATH									
ANTECEDENT CAUSES										DUE TO (b) Pulmonary tuberculosis									
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.										DUE TO (c) _____									
II. OTHER SIGNIFICANT CONDITIONS										Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)											
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10:16 A.M.				21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR fall											
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:16 A.M. , from the causes and on the date stated above.																			
23a. SIGNATURE Joseph M. ... (Degree or title)								23b. ADDRESS 1300 Clark				23c. DATE SIGNED 3/26/51							
24a. BURIAL, CREMATION, REMOVAL (Specify) Crementation				24b. DATE 3-26-51		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory				24d. LOCATION (City, town, or county) (State) St. Louis, Missouri									
DATE REC'D BY LOCAL REG. MAR 28				REGISTRAR'S SIGNATURE J. B. ...				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington											

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



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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

John J. Haines

Licensed Embalmer No. 4108

P. O. Address St. Louis MO

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.