

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39161**
Registrar's No. **10363**

FILED DEC 1 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. CITY (If outside corporate limits, write RURAL and give township) St Louis	
c. LENGTH OF STAY (In this place) 18 yrs		d. STREET ADDRESS (If rural, give location) 1809 South 11st St	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1809 South 11th St			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) William	b. (Middle) H	c. (Last) Hollenberg	(Month) Nov.	(Day) 20	(Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 30 1879	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St Charles Mo	
12. COUNTRY OF WHAT COUNTRY? USA					

13a. FATHER'S NAME George Hollenberg	13b. MOTHER'S MAIDEN NAME Sophia Hollrah	14. NAME OF HUSBAND OR WIFE Bertha Hansen Hollenberg
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs Bertha Hollenberg ADDRESS 1809 S. 11th St

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 Minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Bronchial Asthma		
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 type="checkbox"/> NO <input checked="" 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) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 331X

22. I hereby certify that I attended the deceased from July 4, 1950, to Nov 22, 1951, that I last saw the deceased alive on Nov 20, 1951, and that death occurred at 3:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Willard J. Nash D.O.	23b. ADDRESS 2024 1829 50/18 St Louis Mo	23c. DATE SIGNED 11/21/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 22 1951	24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
24d. LOCATION (City, town, or county) St Charles Mo.		(State) _____
DATE REC'D BY LOCAL REG. NOV 21 1951	REGISTRAR'S SIGNATURE Gene South	25. FUNERAL DIRECTOR'S SIGNATURE William - Gene McClender ADDRESS _____

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 *Arthur C. Bann*.....

Licensed Embalmer No. 3115.....

P. O. Address *St Charles 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.