

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39162**
9718

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) 6968 Plainview Ave.		
d. FULL NAME OF HOSPITAL OR INSTITUTION 6968 Plainview Ave.		d. STREET ADDRESS (If rural, give location) 6968 Plainview Ave.		
3. NAME OF DECEASED (Type or Print)		a. (First) GEORGE	b. (Middle) J.	c. (Last) HOLLWEG
4. DATE OF DEATH		4. DATE OF DEATH (Month) (Day) (Year) Oct. 31 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 2		8. DATE OF BIRTH Nov. 30, 1863
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Millwright		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME George Hollweg		
13b. MOTHER'S MAIDEN NAME Philomena Unknown		14. NAME OF HUSBAND OR WIFE Late Catherine Hollweg		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Edna Hollweg
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) Coronary Sclerosis ANTECEDENT CAUSES DUE TO (b) Senility 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
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) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4501
22. I hereby certify that I attended the deceased from Nov , 1950, to 10-30 , 1951, that I last saw the deceased alive on 10-30 , 1951, and that death occurred at 6:30 a.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) H. R. Bremer M.D.		23b. ADDRESS 4456 West Manchester		23c. DATE SIGNED 11-2-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 3, 1951		24c. NAME OF CEMETERY OR CREMATORY S/S Peter & Paul Cem.
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser		
DATE REC'D BY LOCAL REG. NOV 2 1951		ADDRESS 4228 S. Kingshighway Bl.		

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed

Edwin A. M. Derruyth

Licensed Embalmer No. *3024*

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.