S. No. 300
v. 10-48

FILED APR 7 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 8843

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 31

0500
1

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

**1. PLACE OF DEATH**
a. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kimmswick Rural Rock
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Seckman Rd. Rt.1 Box 391

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kimmswick Rural Rock
d. STREET ADDRESS (If rural, give location) Rt.1 Box 391 Seckman Rd. 0500 B

**3. NAME OF DECEASED** (Type or Print)
a. (First) Frank
b. (Middle) ----- Hollerbach
c. (Last)

**4. DATE OF DEATH** (Month) March (Day) 23, (Year) 1952

**5. SEX** Male 0
**6. COLOR OR RACE** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married 1
**8. DATE OF BIRTH** March 28, 1880
**9. AGE** (In years last birthday) 71 — 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) Farming
**10b. KIND OF BUSINESS OR INDUSTRY** self
**11. BIRTHPLACE** (State or foreign country) Buchen-Baden Germany 4
**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** Unknown
**13b. MOTHER'S MAIDEN NAME** Unknown
**14. NAME OF HUSBAND OR WIFE** Elizabeth

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) no (If yes, give war or dates of service) none
**16. SOCIAL SECURITY NO.** 494-07-9867
**17. INFORMANT'S SIGNATURE OR NAME** Mrs. Elizabeth Hollerbach ADDRESS Rt.1 Box 391

**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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. Myocarditis

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death* Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
4221
**20. AUTOPSY?** YES ☐ 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) Kimmswick (COUNTY) Jefferson (STATE) Mo
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 1949, 19__, *to* 3/23, 1952, *that I last saw the deceased alive on* 3/23, 1952, *and that death occurred at* 9.30 a.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title) J. Reich MD. 0
**23b. ADDRESS** Kimmswick Mo
**23c. DATE SIGNED** 3/24/52

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial 11
**24b. DATE** March 26, 1952
**24c. NAME OF CEMETERY OR CREMATORY** St. Peter & Paul Cemetery
**24d. LOCATION** (City, town, or county) 7030 Gravois ave. (State)

**DATE REC'D BY LOCAL REG.** 3-29-52
**REGISTRAR'S SIGNATURE** Ruth Jirsa 438 0
**25. FUNERAL DIRECTOR'S SIGNATURE** C. Hoffmeister U.&L.Co. ADDRESS 7814 S. Broadway

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED APR 1 1952

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.....

Signed Harry J. Schumacher

Signed.....
Student Embalmer

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

**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.