

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 11 1956

State File No. **42192**

BIRTH NO. **95818-55** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10724**

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo</b> b. COUNTY <b>St. Louis</b> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis</b> |  | c. CITY OR TOWN <b>St Louis</b>   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <b>1 wk</b>  |  | e. STREET ADDRESS (If rural, give location) <b>300 Lanark</b>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>                       |  |   |   |

|   |             |                                   |  |   |  |
|---|-------------|-----------------------------------|--|---|--|
| 3. NAME OF DECEASED<br>(Type or Print) <b>Richard Hollocher</b>                             |             |                                   | 4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 6, 1955</b> |   |  |
| a. (First)  | b. (Middle) | c. (Last)                         | 5. SEX <b>male</b>                                       | 6. COLOR OR RACE <b>white</b>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b> |
| 8. DATE OF BIRTH <b>Nov 28, 1955</b>  |             | 9. AGE (In years last birthday)   | IF UNDER 1 YEAR Months <b>8</b>                          | IF UNDER 24 HRS. Hours  | Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) |             | 10b. KIND OF BUSINESS OR INDUSTRY |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>St Louis Mo</b> |  |
|   |             |                                   |  | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>                               |  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 13a. FATHER'S NAME <b>Leonard A Hollocher</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>Joan Monken</b> |  | 14. NAME OF HUSBAND OR WIFE   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) |  | 16. SOCIAL SECURITY NO. <b>none</b>          |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Leonard Hollocher 300 Lanark</b> |  |

|  |  |  |  |                                  |  |
|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity</b>  |  | ANTECEDENT CAUSES  |  |                                  |  |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | 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.  |  |                                  |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 19a. DATE OF OPERATION                          |  | 19b. MAJOR FINDINGS OF OPERATION <b>776x</b>   |  | 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) |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?   |  |

22. I hereby certify that I attended the deceased from **Dec 1, 1955** to **Dec 6, 1955**, that I last saw the deceased alive on **Dec 6, 1955**, and that death occurred at **9:24 p. m.**, from the causes and on the date stated above.

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 23a. SIGNATURE (Degree or title) <b>M. Tobell E. Galdrey, M.D.</b> |  | 23b. ADDRESS <b>Jewish Hospital, St. Louis, Mo.</b> |  | 23c. DATE SIGNED <b>Dec 7, 1955</b>                                      |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>           |  | 24b. DATE <b>12/7/55</b>                            |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Lakewood Park Cem.</b>             |  |
|  |  |   |  | 24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo</b> |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <b>DEC 7 1955</b> |  | REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>L Ziegenhein &amp; Sons 7027 Gravois</b> |  |
|--|--|--|--|--|--|

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 not embalmed, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed R. B. Weinheimer

Licensed Embalmer No. \_\_\_\_\_

P. O. Address 7027 Gra

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.