FILED MAY 28 1956

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

State File No. 15979

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 117

**1. PLACE OF DEATH**
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington Mo
c. LENGTH OF STAY (in this place): 1 Week
d. FULL NAME OF HOSPITAL OR ~~INSTITUTION~~ (If not in hospital or institution, give street address or location): St Francis

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Augusta Mo
d. STREET ADDRESS (If rural, give location): 0920 1

**3. NAME OF DECEASED** (Type or Print): a. (First) WILLIAM H. b. (Middle) HOLLENBERG c. (Last)

**4. DATE OF DEATH** (Month) (Day) (Year): May 16 - 1956

**5. SEX**: M.
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Nov. 20 - 1894
**9. AGE** (In years last birthday): 61 — 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): Laborer
**10b. KIND OF BUSINESS OR INDUSTRY**: T. R. Sand Co
**11. BIRTHPLACE** (State or foreign country): Augusta Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Henry Hollenberg
**13b. MOTHER'S MAIDEN NAME**: Anthony Loewenhaupt
**14. NAME OF HUSBAND OR ~~WIFE~~**: Georgia Hollenberg

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: 488-09-9512
**17. INFORMANT'S SIGNATURE OR NAME**: Otis Hollenberg — ADDRESS: Augusta Mo

**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): Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

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

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Silicosis + anthracosis — ?

**19a. DATE OF OPERATION**: 5-14-56
**19b. MAJOR FINDINGS OF OPERATION**: appendicitis within a right direct hernial sac. 4201
**20. AUTOPSY?** YES [X] 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 [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 5-8, 1956, *to* 5-15, 1956, *that I last saw the deceased alive on* 5-15, 1956, *and that death occurred at* 10:30 p m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): M. Belmonde MD
**23b. ADDRESS**: Marthasville Mo
**23c. DATE SIGNED**: 5-16-56

**24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify)**: Burial
**24b. DATE**: 5-18-1956
**24c. NAME OF CEMETERY ~~OR CREMATORY~~**: City Cemetery
**24d. LOCATION** (City, town, or county) (State): Augusta Mo

**DATE REC'D BY LOCAL REG.**: 5/17/56
**REGISTRAR'S SIGNATURE**: F. C. Heidmann G. L. C. Heidmann MD
**25. FUNERAL DIRECTOR'S SIGNATURE**: Olie Thelking — ADDRESS: Augusta Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 31 1956

MAY 29 1956

## 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.

Signed Olie Thielsing

Signed.....
Student Embalmer

Licensed Embalmer No. 3759

P. O. Address Augusta M

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

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