

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 21 1959

59-027689

Registration District No. 317 Primary Registration District No. 580 Registrar's No. 1805 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy		c. CITY OR TOWN Normandy	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7212 Burwood Drive		d. STREET ADDRESS (If outside, give location) 7212 Burwood Drive	
3. NAME OF DECEASED (Type or print) First Middle Last G. Olin Hollocher		4. DATE OF DEATH Month Day Year July 3, 1959	
5. SEX M.	6. COLOR OR RACE W.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-4-1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Asst. Vice-Pres. Federal Res.		10b. KIND OF BUSINESS OR INDUSTRY Missouri	12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME George W. Hollocher		13b. MOTHER'S MAIDEN NAME Elizabeth Reifshneider	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Address Mrs. Mary Hollocher, 7212 Burwood Dr. Normandy	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction</i> DUE TO (b) <i>Cornary Thrombosis</i> DUE TO (c) <i>General Atherosclerosis</i>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>7/3/59</u> to <u>7/3/59</u> and last saw <u>him</u> alive on <u>7/3/59</u> . Death occurred at <u>1:30:00 am.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Dr. W. Salerno</i> (Degree or title)		22b. ADDRESS <i>7320 Housman Rd.</i>	
22c. DATE SIGNED <i>7/3/59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE July 6, 1959	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Missouri
25. DATE RECD. BY LOCAL REG. <i>7-6-59</i>		26. REGISTRAR'S SIGNATURE <i>John C. Murphy, MD</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Funeral Director: *Arthur J. Normelly* ADDRESS: **3840 Lindell Blvd.** (Licensed Embalmer's Statement on Reverse Side)

State of _____
Department of Health
Bureau of Health Services

License No. _____
Expiration Date _____

State of _____
Department of Health
Bureau of Health Services

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wm J. Saper

Licensed Embalmer No. 4699
P. O. Address 3840 Linden

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

7-1-58