

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

60-017768

FILED APR 29 1960

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1245

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY SEXIAHIE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Berkeley City	Length of stay in 1b 3 yrs.	c. CITY OR TOWN St. Louis	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Penn Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 611 Penrose
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Alice Middle Elizabeth Last Hollenbeck			4. DATE OF DEATH Month April Day 14 Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/27/1873	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Isaac Wheat		13b. MOTHER'S MAIDEN NAME Unknown Thomas		14. NAME OF HUSBAND OR WIFE August	
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. None	17. INFORMANT Frank Hollenbeck, 348 Rauhut		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Peritonitis		2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinoma stomach	unknown
	DUE TO (c) 151X	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Cardiovascular disease		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		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 Meta, Mo.	COUNTY	STATE
21. I attended the deceased from July 14, 1957 to April 14, 1960 and last saw her alive on April 13, 1960 Death occurred at 7:15 am on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE Lewis A. Hittmann M.D. (Degree or title)		22b. ADDRESS 8231 Clayton Rd (17)	22c. DATE SIGNED 4/15/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-17-60	23c. NAME OF CEMETERY OR CREMATORY St. Cecelia Cemetery	23d. LOCATION (City, town, or county) Meta, Mo. (State)
24. FUNERAL DIRECTOR Hedges Funeral Home, Meta, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 4-16-60	26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS APR 29 1960

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 *J. W. P. Embler*
Licensed Embalmer No. 3657
P. O. Address *J. W. P. Embler*

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.