

No. 2  
1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 11 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 15484

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 979

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Eureka, Mo.  
(c) Name of hospital or institution:  
Main St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Eureka  
(If outside city or town limits, write "RURAL")  
(d) Street No. Main St.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Eugene Hollenbeck

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Divorce

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased April 1 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 0 29 hr. min.

9. Birthplace Eureka Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Mail Carrier

11. Industry or business.....

12. Name Hollenbeck

13. Birthplace 9 unknown  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace 9 unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alvin Lee

(b) Address Eureka, Mo.

17. (a) Burial (b) Date thereof May 2 - 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pacific City Cem

18. (a) Signature of funeral director E. H. Stogdson

(b) Address Kirkwood, Mo.

19. (a) MAY 2 - 1942 (b) E. H. Stogdson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30  
year 1942 hour Abt. 12 minute noon M.

21. I hereby certify that I attended the deceased from.....  
Jan 1938 to Nov. 29 1941  
that I last saw him alive on Feb 20 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chrom. Myocardia Duration 14 mo.

Due to..... 93d

Due to.....

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place) (e) Means of injury..... D

23. Signature E. B. Waters (M. D. or other)

Address Kirkwood Mo. Date signed 5/1/42

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

MOTHER FATHER

709

(Licensed Embalmer's Statement on Reverse Side)

SEP 30 1942

JUN 29 1942

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**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.....

*Louis H Bapp*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Louis H Bapp*

Licensed Embalmer No. *921*

P. O. Address: *Kirkwood Mo*

**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.**