FILED SEP 5 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29751

Registration District No. 794 Primary Registration District No. 200 Registrar's No. 1559

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town STRAIGHAN (RURAL)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: LITZINGER & LINDBERGH 2
(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 Des Peres
(If outside city or town limits, write "RURAL")
(d) Street No. R.R.# 13
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charles Hollocher 1126

3. (b) If veteran, name war

3. (c) Social Security No. 486-20-4332

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ruth Hollocher

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased June 11, 1896 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	44	2	3	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired ball player

11. Industry or business

MOTHER FATHER

12. Name Jacob Hollocher

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

14. Maiden name Anna Engle

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

16. (a) Informant Ruth Hollocher

(b) Address Des Peres, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/16/40 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) AUG 15 1940 (Date received local registrar) (b) R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14
year 1940 hour 8 minute a M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Suicide by firearm	8/14/40
Due to Gun Shot wound of head	
Due to Neck (Shot gun)	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 167	PHYSICIAN — Underline the cause to which death should be charged statistically.
Of autopsy	

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence Aug 14, 1940
(c) Where did injury occur? St Louis Co Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? No (e) Means of injury Firearm

23. Signature John O'Connell (M. D. or other)
Address Kennett Square Pa Date signed 8/15/40

(Licensed Embalmer's Statement on Reverse Side)