

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

33659

1. PLACE OF DEATH

County..... Registration District No. 2509
 Township..... Primary Registration District No. 1003
 City..... St. Louis Route City Hospital #1 St. Ward)

File No.
 Registered No. 8948
 St. Ward)

2. FULL NAME

John A. Ollerer
 (a) Residence, No. 5204 Walsh St. St. 14 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Ollerer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56. 10. 0.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brass Moulder

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

13. NAME Leopold Ollerer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

17. INFORMANT (ADDRESS) Mrs Anna Ollerer
5204 Walsh St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walhalla Cemetery DATE Oct 8, 1932

19. UNDERTAKER (ADDRESS) Math Hermann & Son
2161 E. Fair Ave.

20. FILED 107-8-132-19 Max B. Starkloff 10/8/32 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from

19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 9:00 m.

The principal cause of death and related causes of importance were as follows:

Ruptured aortic aneurysm
non-traumatic
 Date of onset

Other contributory causes of importance:

96 Q

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. W. Remus M.D.

(Address) St. Louis

WRITE PLAIN, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

