

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.

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

**5345**  
 Do not use this space.

REC'D MAR 4 1938

**1. PLACE OF DEATH**  
 (a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City **St Louis** (d) Street No. **Christian Hospital** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** **Mary Bollwinkel 452**  
 (a) Residence, No. **5318 St Louis Ave** St. 6 (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Female    **4. COLOR OR RACE** White    **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Infant  
(write the word)

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

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Feb. 22, 1938

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day..... hrs. or..... min.
—	—	—	—	—

**8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.** Nil  
**9. Industry or business in which work was done, as saw mill, bank, etc.**  
**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)** St Louis Mo

**FATHER**  
**13. NAME** Henry Bollwinkel  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Kansas

**MOTHER**  
**15. MAIDEN NAME** Irma Fritz  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Illinois

**17. INFORMANT (ADDRESS)** Henry Bollwinkel 5318 St Louis Av

**18. BURIAL, CREMATION, OR REMOVAL PLACE** New Bethlehem    **DATE** Feb 24 1938

**19. FUNERAL DIRECTOR (ADDRESS)** Beiderwieden Funeral Home 1936 St. Louis Ave

**20. FILE** FEB 24 1938 **J.P. Budiek** Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Feb. 22 1938

**22. I HEREBY CERTIFY, That I attended deceased from** Feb 21, 1938, to Feb 22, 1938  
 I last saw her alive on Feb 22, 1938. Death is said to have occurred on the date stated above, at 9:30 p.m.  
 The principal cause of death and related causes of importance were, as follows:  
*Patent Ductus Arteriosus*    Date of onset

Other contributory causes of importance: **157c**

**Name of operation**    *no.*    **Date of**  
**What test confirmed diagnosis?** *Clinical*    **Was there an autopsy?** *no.*

**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?**  
**Go, specify**    *Samuel Waff*    M. D.  
**nc (Signed)**    *Samuel Waff*  
**(Address)** 2786 N. Union

Ev. 5004

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**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by *No Embalming*  
\_\_\_\_\_  
L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**