

Registration District No. **791**

Primary Registration District No. **100**

Registrar's No. **4672**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town **St. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **3432a Crittenden** ✓
 (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)

3. (a) PRINT FULL NAME **Dorothy Bollier 460**

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Jacob Bollier** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Ave. 12 1896**
 (Month) (Day) (Year)

8. AGE: Years **43** Months **9** Days **15** If less than one day hr. **0** min.

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

10. Usual occupation **Housework**

11. Industry or business _____

MOTHER FATHER { 12. Name **Fred Dierker**
 13. Birthplace **Germany**
 (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name **Hattie Schuchmann**
 15. Birthplace **St. Louis Mo.**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Jack Bollier**
 (b) Address **3432a Crittenden**

17. (a) **Burial** (b) Date thereof **May 29 1940**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old St. Marcus**

18. (a) Signature of funeral director **Thos. Kutas**

(b) Address **2906 S. Davis**

19. (a) **MAY 28 1940** (b) **J. B. Bredek**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
 (c) City or town **St. Louis** **16**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **3432a Crittenden**
 (If rural, give location)
 (e) If foreign born, how long in U.S. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **27**
 year **1940** hour **2:00** minute _____ P. 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 **Coronary Sclerosis with fatty Myocardium and Myocardial degeneration with cystic degeneration**
 Duration _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: Of operations **131**

Of autopsy _____
 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 **5**

23. Signature **J. B. Bredek** (M. D. or other) _____
 Address _____ Date signed _____

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.

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.....

Leo Buddie....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Leo Buddie*.....

Licensed Embalmer No. *3989*

P.O. Address. *St. Louis, 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, above space should be left blank.