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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **30243**  
Registrar's No. **7582**

Registration District No. **791**

Primary Registration District No. **1003**

**FILED OCT 18 1941**  
1. PLACE OF DEATH  
(a) County **St. Louis**  
(b) City or town **St. Louis**  
(c) Name of hospital or institution: **Little Sisters of Poor**  
(d) Length of stay: In hospital or institution **6 Weeks**  
In this community **Lifetime**

3. (a) PRINT FULL NAME **Louisa Olliges**  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. **None**

4. Sex **F** / 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Nov. 9 1860**

8. AGE: Years **80** Months **10** Days **10** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **At home**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **Bernard VOX**  
13. Birthplace **Germany** (City, town, or county) (State or foreign country)  
14. Maiden name **Helena Baalman**  
15. Birthplace **Germany** (City, town, or county) (State or foreign country)

16. (a) Informant **Herman Olliges**  
(b) Address **3641a Bamberger**

17. (a) **SBurialer & Paul** (b) Date thereof **9/22 / 41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SS. Peter & Paul Cem.**

18. (a) Signature of funeral director **John J. Walker Sons Ind. Co.**

(b) Address **2630 Favovis**

19. (a) **SEP 19 1941** (b) **J.P. Budack**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **St. Louis**  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")  
(d) Street No. **3400 S. Grand Blvd.** (If rural, give location)  
(e) If foreign born, how long in U. S. A.? **1** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **19** year **1941** hour **7:30** A. M. minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from **Aug 27**, 1941, to **Sept 9**, 1941, that I last saw her alive on **Aug 27**, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration **2 yrs**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions **Epilepsy** (Include pregnancy within 3 months of death) **20 yrs**  
Major findings: Of operations \_\_\_\_\_  
Of autopsy **gpc**  
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) (c) Means of injury **6**  
23. Signature **S. G. Hunter** (M. D. or other) **MD**  
Address **439 Bate** Date signed **9/19/41**

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

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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.....

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

Signed *Robert F. Gebken*

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**