

STANDARD CERTIFICATE OF DEATH

4114

State File No.

1307

FILED MAR 17 1942

791

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 26 yrs. 4 mos. 7 ds.  
(Specify whether  
In this community about 45 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2655 Washington Ave.  
(If rural, give location)  
(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country Germany

3. (a) PRINT FULL NAME THERESA BOLLMAN

3. (b) If veteran, name war..... 3. (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 Fred Bollman 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased October 28, 1860  
(Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 11 If less than one day hr. min.

9. Birthplace unknown Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business.....

MOTHER FATHER { 12. Name Conrad Hasend  
13. Birthplace unknown Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Frances Bramon  
15. Birthplace unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Deviles

(b) Address 233 Muller St

17. (a) BURIAL (b) Date thereof 2-12-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Bullen + Kelly

(b) Address 1416 N. Fuller

19. (a) FEB 11 1942 (b) J. R. Budek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7  
year 1942 hour 12:05 minute P. M.

21. I hereby certify that I attended the deceased from 7-1-40, 19... to 2-7-42, 19...  
that I last saw her alive on 2-7-42, 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Lung Abscess (Rt. Lung) (2-1-42x)  
Due to cause unknown  
Arteriosclerotic Heart Disease (7-1-40x)

Other conditions (Include pregnancy within 3 months of death).....  
Major findings: Of operations.....  
Of autopsy Yes  
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) (e) Means of injury.....  
23. Signature J. R. Ridelman (M. D. or other).....  
Address 5400 Arsenal St. Date signed 2/11/42

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

**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

*Glenn E. Anderson*

Licensed Embalmer No.

*4141*

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, fact should be so stated above.**