

7. S. No. 2
DM-1-4-41
rv. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

4115
State File No. _____
Registrar's No. 1519

FILED MAR 17 1941
Registration District No. _____

Primary Registration District No. _____

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

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 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30yrs. 1mo. 1ds
In this community 51yrs. 6mos. 17ds. (Specify whether 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. 619 Arsenal St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM H. BOLLWERK
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 18. year 1942 hour 7:30 minute A.M.
21. I hereby certify that I attended the deceased from 7-1-30 19 to 2-18-42 19
that I last saw him 1m alive on 2-18-42 19
and that death occurred on the date and hour stated above.

4. Sex Male (U) 5. Color or race White (U) 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: August 2, 1900
(Month) (Day) 1889
8. AGE: Years 52 Months 6 Days 17 If less than one day hr. _____ min. _____

Immediate cause of death _____ Duration
Chronic Myocarditis 1942 X
Due to _____ 1942 X
General Arteriosclerosis
Due to _____ 1912 X
Dementia Praecox
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy No
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Painter
11. Industry or business unknown
12. Name William Bollwerk
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Mr. William Bollwerk
(b) Address 2401 Utah St.
17. (a) Burial (b) Date thereof 2/20/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter's Paul
18. (a) Signature of funeral director James J. Hoffmeister
(b) Address 4016 Chippewa
19. (a) FE 1 (b) J. B. Bredeck
(Date received local registrar) (Registrar's signature)

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) (or) Means of injury _____
23. Signature Hubert Paul (M. D. or other) _____
Address 500 e Arsenal Date signed 2/17/42

10-15
5708

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 Ernest W. Spillers

Licensed Embalmer No. 14080

P. O. Address 3747 Dunaile

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.