S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 22 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 32923

Registrar's No. 9040

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Baptist Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger

(c) City or town Sedgewickville
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Eli Bollinger

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eva Bollinger

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased October (Month) 21 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	11	20	hr. min.

9. Birthplace Bollinger County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name William Bollinger
13. Birthplace Bollinger County Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unavailable Hartle
15. Birthplace Bollinger County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hester Szofran
(b) Address House Springs, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/11/43 (Month) (Day) (Year)
(c) Place: burial or cremation Jackson, Missouri.

18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.,

19. (a) OCT 12 1943 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11
year 1943 hour 3 minute 47 A.M.

21. I hereby certify that I attended the deceased from Oct 1, 1943 to Oct 11, 1943
that I last saw him alive on Oct 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration 3 days

Due to

Due to

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature J. S. Shutz MD (M. D. or other)
Address 21740 S. Sling Highway Bl. Rd. Date signed 10-11-43

(Licensed Embalmer's Statement on Reverse Side)

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 Albert G Hoffer

Licensed Embalmer No. 2971

P. O. Address.....

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.