S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 11 1946

State File No. 39610

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11541

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: 8114a Church Rd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community
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. 8114a Church Rd.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Dr. Nickolaus J. Ollinger

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 Magdalena Ollinger nee Zimmermann

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased March 31, 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	8	27	hr. min.

9. Birthplace Unknown (City, town, or county) Austria (State or foreign country)

10. Usual occupation Chiropractor

11. Industry or business

FATHER
12. Name Matthews Ollinger
13. Birthplace Unknown (City, town, or county) Austria (State or foreign country)

MOTHER
14. Maiden name Margaret Drefft
15. Birthplace Unknown (City, town, or county) Austria (State or foreign country)

16. (a) Informant Magdalena Ollinger
(b) Address 8114a Church Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/45 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) DEC 29 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28, year 1945 hour 5:00 A.M. minute M.

21. I hereby certify that I attended the deceased from 11-20-45, 19 to Dec 28, 1945 that I last saw him alive on Dec 20, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach with

Due to Generalized Metastasis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Ca of Stomach with metastasis

Of autopsy

Duration

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

23. Signature Royal A. Weir (M. D. or other)

Address 462 N Taylor Date signed 12-28-45

(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. Gustav W Dietrich

Licensed Embalmer No. 4329

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.