

S. No. 2
M-5-43
v. 5-17-39
X36671

2266

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 17 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 71

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:
3638 A. Nebraska Ave
(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.....

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3638 A. Nebraska Ave
(If rural, give location)

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

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Fred Bollman

3. (b) If veteran, name war *****

3. (c) Social Security No. *****

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Lena Bollman

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased May 13 1866
(Month) (Day) (Year)

20. DATE OF DEATH: Month 3rd day January
year 1947 hour 10:55 minute P. M.

21. I hereby certify that I attended the deceased from Dec 30, 1946, to 1-3-47, 1947,
that I last saw him alive on 1-3, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia
Due to.....
Due to.....
Other conditions (include pregnancy within 3 months of death) Emphysema
Major findings: Of operations NO
Of autopsy.....
Duration 1 day

PHYSICIAN
—
—
—
—
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
80 7 20 ..hr. ..min.

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

10. Usual occupation Brewery Worker

11. Industry or business Retired

12. Name John Bollman

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

14. Maiden name Mary Hoffman

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

16. (a) Informant Lena Ballman
(b) Address 3638 A. Nebraska Ave

17. (a) Burial (b) Date thereof 1-7-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Ziegeler Bros
(b) Address Adair 4 1947 6409 Gravois Ave

19. (a) JAN 4 1947 (b) J. P. Bredack
(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)
Means of injury.....

23. Signature Peopl Bredack (M. D. or other)
Address 4065-50maer Date signed 1-4-47

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

MOTHER FATHER

Dr. James
4065 P. Grand
Lo-2711

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..... *Homer A. Fritz*

Licensed Embalmer No..... *3882*

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.