S. No. 2
M—12-45
7. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1947

Registration District No. 310

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3058

State File No. 32199

Registrar's No. 162

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution: 715 South Fifth
(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 St. Charles

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

(d) Street No. 715 South Fifth Street
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Harry H. Bollegar

3. (b) If veteran, name war NIL

3. (c) Social Security No. 488-01-2434

4. Sex Male

5. Color or race White

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 February (Month) 20 (Day) 1893 (Year)

8. AGE: Years 54 Months 6 Days 11 If less than one day ..... hr. ..... min.

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

10. Usual occupation Mechanic

11. Industry or business .....

FATHER
12. Name Charles Bollegar
13. Birthplace Wright City, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Charlotte Temming
15. Birthplace Wright City, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Frances Hollander
(b) Address 715 S. 5th-St.Charles, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept 3-1947 (Month) (Day), (Year)
(c) Place: burial or cremation Strack Cemetery Wright City, Mo.

18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co
(b) Address 800 N. 2nd-St.Charles, Mo.

19. (a) 9/4/47 (Date received local registrar) (b) Fannie Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31 year 1947 hour 3:25 minute A. M.

21. I hereby certify that I attended the deceased from 11-30, 1946, to 8-31, 1947 that I last saw him alive on 8-31, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cachexia	
Generalized Carcinoma-tosis	6 mo
Due to Carcinoma of rectum	1½ yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

46D

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 no

(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 Jos L. Faris Jr. MD (M. D. or other)

Address 207 N. 5th St. Date signed 9/4/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number SEP 17 1947
Date Filed

SEP 19 1947

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 Joseph I Landolt

Licensed Embalmer No. #89

P. O. Address St Charles

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.