No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10539

FILED APR 3 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 2853

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: 903a S. Vandeventer (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 903a S. Vandeventer (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN H. OLLIGES
3. (b) If veteran, name war None
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 Elsie
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. (Month) 30 (Day) 1896 (Year)

8. AGE: Years 51 Months 6 Days 22 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Bartender
11. Industry or business

FATHER
12. Name William Olliges
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Maggie Bock
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Elsie Olliges
(b) Address 903 S. Vandeventer
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation NEW PICKERS CEM.
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) MAR 23 1948 (Date received local registrar) (b) J. F. Bridges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22 year 1948 hour 2:00 minute A. M.
21. I hereby certify that I attended the deceased from March 13, 1948 to March 22, 1948 that I last saw alive on March 21, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration 10 days
Due to
Due to
Other conditions Alcohol (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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 M. E. Sheets (M. D.)
Address 4329 Manchester Date signed 3/22/48
M. E. Sheets

Jefferson City Printing Co. (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.....Edwin A. McDermott.....

Licensed Embalmer No.....3024.....

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.