

5. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17772

FILED JUN 6 1952

State File No. _____

318

1003

Registrar's No. 4531

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REGISTR. DIST. NO. _____		REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town or town ST. LOUIS, MISSOURI)		c. LENGTH OF STAY (In this place) 5 days 1 hr 10 min		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		2149	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Maternity Hosp				d. STREET ADDRESS (If rural, give location) 5742 Tholozan Street			
3. NAME OF DECEASED (Type or Print) LOUISE		a. (First) _____		b. (Middle) (M) BOLLE		c. (Last) _____	
4. DATE OF DEATH May 13, 1952		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH March 30, 1889		9. AGE (In years last birthday) 63	
5. SEX FEMALE		6. COLOR OR RACE WHITE		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY NONE	
11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO.		12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME John Hahn		13b. MOTHER'S MAIDEN NAME Margaret Lang	
14. NAME OF HUSBAND OR WIFE HERMAN THOMAS BOLLE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS HERMAN THOMAS BOLLE 5742 THOLOZAN ST.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral pelvic abscess + abdominal carcinoma, in ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Papillary serous cystadenoma of ovary DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hodgkin's disease, arrested					
19a. DATE OF OPERATION 5/9/52		19b. MAJOR FINDINGS OF OPERATION Multiple pelvic abscesses + abd. + pelvic infiltrating tumor				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 5-8-1952, to 5-13-1952, that I last saw the deceased alive on 5-13-1952, and that death occurred at 3:40 P. m., from the causes and on the date stated above.							
23a. SIGNATURE Seth E. Wisner				23b. ADDRESS MD 630 S. Kingshighway		23c. DATE SIGNED May 13, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 16, 1952		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D BY LOCAL OFF. MAY 15 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed William B White

Signed.....
Student Embalmer

Licensed Embalmer No. 4291

P. O. Address 4228 N. K. Highway

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.