

32366

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 28 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 2177

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>		c. CITY OR TOWN <u>University City</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Res. 915 Eastgate Ave.</u>		e. STREET ADDRESS (If rural, give location) <u>915 Eastgate</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u> b. (Middle) <u>L.</u> c. (Last) <u>Bollinger</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 13, 1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 24, 1885</u>
9. AGE (In years last birthday) <u>69yrs</u>		10. IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Salesman. Rice</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stix</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Mark P. Bollinger</u>		13b. MOTHER'S MAIDEN NAME <u>Genevieve Hays</u>	
14. NAME OF HUSBAND OR WIFE <u>Alma M. Bollinger</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-16-7158</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alma M. Bollinger</u>		ADDRESS <u>915 Eastgate Ave</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>hemiplegia</u> ANTECEDENT CAUSES <u>hepatic</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>hypertension</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>593X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		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 <u>Sept 8, 1954</u> , to <u>Sept 13, 1954</u> , that I last saw the deceased alive on <u>Sept 8, 1954</u> , and that death occurred at <u>3:09 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. M. Black M.D.</u>		23b. ADDRESS <u>705 N. Kingshighway</u>	
23c. DATE SIGNED <u>9/14/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>Sept. 15, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9/14/54</u>		REGISTRAR'S SIGNATURE <u>Wesley K. Smith, M.P.A. Alexander & Sons</u>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS <u>6175 Delmar</u>	

(Licensed Embalmer - Statement on Reverse Side)

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

No. 300
10-48

D^r J M BLACK
6381 Bancroft
FO 70360
after 11,

Hu 10572
Crestview 3-6627

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Jos. E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6125 8th*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.