

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32367

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>531</u>		Registrar's No. <u>2015</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis,</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>U. City, Mo.</u> c. LENGTH OF STAY (In this place) <u>1 WK</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6501 Crest Ave.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marthasville</u> <u>1090</u> d. STREET ADDRESS (If rural, give location) <u>Rural</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>M.</u> c. (Last) <u>Bollmann</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 19, 1954</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Oct. 1, 1882</u>	
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Marthasville, Missouri.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Marthasville, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Fritz Kriegermier</u>		13b. MOTHER'S MAIDEN NAME <u>Augusta Pahmeyer</u>	
13a. FATHER'S NAME <u>Fritz Kriegermier</u>		13b. MOTHER'S MAIDEN NAME <u>Augusta Pahmeyer</u>		13c. NAME OF HUSBAND OR WIFE <u>Gus Bollmann</u>		14. NAME OF HUSBAND OR WIFE <u>Gus Bollmann</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) (If yes, give year or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Belva Hodgson, 6501 Crest 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Pectoris</u> ANTECEDENT CAUSES <u>Hypertension</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Gastritis & indigestion</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>6 years</u> <u>1 month</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) _____		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>July 19, 1954</u> , to <u>Aug 19, 1954</u> , that I last saw the deceased alive on <u>Aug 9, 1954</u> , and that death occurred at <u>11:00 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. C. Johnson M.D.</u>				23b. ADDRESS <u>Marthasville Mo</u>		23c. DATE SIGNED <u>8/19/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-20-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul E. & R. Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Marthasville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-20-54</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donker M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe 4700 Washington.</u>			

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

SEP 16 1952

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.

Signed Oliver R. Padua

Student
Student Embalmer

Licensed Embalmer No. 4077

P. O. Address St. Louis

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.