

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

JUN 21 1935

791
1003

21212

1. PLACE OF DEATH

County..... Registration District No.
Township..... Primary Registration District No.
City St. Louis (No. St. Anthony's Hosp) St. Ward)

File No.
Registered No. 5146

2. FULL NAME

Leo V. Bollwerk
(a) Residence, No. 5239 W. Quincey St. 2 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Viola Bollwerk
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14, 1896
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 7 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self
10. Date deceased last worked at this occupation (month and year) June 7, 35 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

FATHER 13. NAME Henry Bollwerk
14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Katherine Deckerle
16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

17. INFORMANT Viola Bollwerk (ADDRESS) 5239 W. Quincey

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Peter & Paul DATE 6-13-35, 19...

19. UNDERTAKER OSCAR J. HOFFMEISTER UND. Co. (ADDRESS) 4016-18 CHICPEWA ST.

20. FILED JUN 12 1935 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-9-35 19...
22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
I last saw 1948 alive on 10 AM, 19... Death is said to have occurred on the date stated above, at 10:15 a.m.
The principal cause of death and related causes of importance were as follows:
Date of onset

Fractured skull, fracture of base of brain, ruptured lumen of spleen, received when an auto in which the deceased was riding on the morning board and another auto side-swiped each other in St. Louis, Mo.

Other contributory causes of importance: riding on the morning board and another auto side-swiped each other in St. Louis, Mo.
Name of operation Accident Date of 6/9/35
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 6/9, 1935
Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury In auto side-swiped
Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify John J. Sweeney, M.D. (Signed) John J. Sweeney (Address) 6/12/35

