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.

AUG 25 1936

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

Do not use this space.

29392

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 297

City Jeff. Bks. (No. Veterans Hospital St. Ward)

2. FULL NAME BERT LOLLAR (Gilbert)

(a) Residence, No. 4466 Hunt Avenue St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Vivian Lollar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1889

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
47	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Patterson Lollar

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Mary Sansouci

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) hospital records

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles Cemetery DATE 7-29, 1936

19. UNDERTAKER (ADDRESS) Kriegshauser's Morticians 4228 S, Kingshighway.

20. FILED July 27, 1936 L. Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July ~~May~~ 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 22 1936, 19..., to July 25th, 1936

I last saw him alive on July 25 1936 19... Death is said to have occurred on the date stated above, at 7-25 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis with Myocardial Degeneration, severe.	Unk.

131

Other contributory causes of importance:

Chronic Glomerulo nephritis with Uraemic manifestations	unk.

Name of operation None Date of

What test confirmed diagnosis? laboratory Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify C.W. Hughes

(Signed) C.W. Hughes, C.M.O., M. D.

(Address) U.S. Vet. Hospital Jefferson Barracks, Mo.