

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

Do not use this space.

1. PLACE OF DEATH

County.....

FEB 8 1937

Registration District No.

791

1003

File No.

3831

868

Registered No.

Township.....

Primary Registration District No.

City *St. Louis*

(No. *2815 Magnolia 2*)

St.

Ward

2. FULL NAME *Margaret Olliges*

(a) Residence, No. *2815 Magnolia* St., *23* Ward.

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

(If nonresident, give city or town and State)

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *unmarried*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *William Olliges*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 24 - 1872*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 11 26

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home 285*

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. Louis mo*

13. NAME *Engelbert Bank*

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) *Germany 11*

15. MAIDEN NAME *Thelma Reichen*

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) *Germany 10*

17. INFORMANT *William Olliges* (ADDRESS) *2821 Magnolia Ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *New St. Peter Paul* DATE *Jan 22 1937*

19. UNDERTAKER *J.H. Gebkne Undert. Co.* (ADDRESS) *2630 Spruce Ave*

20. FILED *JAN 20 1937* *J.G. Bredeck* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 19 1937*

22. I HEREBY CERTIFY That I attended deceased from *Jan 16 1937* to *Jan 19 1937*
Last saw him alive on *Jan 19 1937*. Death is said to have occurred on the date stated above, at *7 P. m.*
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
Chronic Interstitial Nephritis
Date of onset *1/16/37*

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? *No*

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? _____
If so, specify _____
(Signed) *J. S. King* M. D.
(Address) *3315 S. Jefferson Ave*

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.

THIS IS A PERMANENT RECORD

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D. W. K. K. K.