MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8135

Township ..... Primary Registration District No. 1003 Registered No. 1582

City St. Louis (No. Barnard Skin & Cancer Hospital St. ..... Ward)

2. FULL NAME August G. Bollwerk

(a) Residence, No. 4325 St., Michigan Ave. 15 (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Bollwerk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-13-69

7. AGE 67 YEARS MONTHS 7 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2

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 1

FATHER

13. NAME Henry Bollwerk 10

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Elizabeth Kaatman

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

17. INFORMANT (ADDRESS) Louisa M. Pf. Bollwerk 4325 Michigan Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE New SS. Peter & Paul DATE Feb 5-1937

19. UNDERTAKER (ADDRESS) J. H. Gebken L & U Co. 2842 Miramec St.

20. FILED FEB 4 - 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-1, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-18, 1937, to 2-1, 1937

I last saw him alive on 2-1, 1937 Death is said to have occurred on the date stated above, at 10 1/2 a.m.

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

	Date of onset
Bronchopneumonia	1-31-37
Carcinoma of Larynx	

Other contributory causes of importance: 47 A

Name of operation Laryngectomy Date of 1-22-37

What test confirmed diagnosis? Biopsy 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 .....

(Signed) Pearson B. Kellogg, M. D.

(Address) 3427 - Washington

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.

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