

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

87
Do not use this space.

1. PLACE OF DEATH

(a) County.....*2* Registration District No.....*791*
(b) Township..... Primary Registration District No.....*1003*
(c) City.....*St. Louis,* (d) Street No.....*7816 Lami St.*
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *422* Henry H. Olliges

(a) Residence, No. *7816 Lami St.* / St *23*
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 *Anna Olliges*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 9, 1892*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 8 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Laborer*
9. Industry or business in which work was done, as saw mill, bank, etc. *Don't know*
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.*

FATHER 13. NAME *Bernhard Olliges*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*

MOTHER 15. MAIDEN NAME *Anna Geiger*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*

X 17. INFORMANT (ADDRESS) *John Olliges 1816 Lami St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *National Cem.* DATE *Jan. 4, 1939*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *J. H. Becken 2630 Gravois Ave.*

20. FILED *JAN 3 1939* *J. H. Becken* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 2, 1939*

22. I HEREBY CERTIFY That I attended deceased from *Nov. 2, 1938* to *Jan 2, 1939*

I last saw him alive on *Jan. 1, 1939*. Death is said to have occurred on the *day* stated above, at *3 A.* m.
The principal cause of death and related causes of importance were as follows:

Cirrhosis of liver Date of onset *1 yr.*

Other contributory causes of importance: *Ascites (abdominal)* *4 mos.*

Name of operation..... Date of.....
What test confirmed diagnosis? *clinical* 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? *No*

If so, specify (Signed) *P. Bruckbauer*, M. D.
(Address) *3147 S. Jeff. Ave*

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.....

Herman A. Gebken....., Registered Apprentice No.....
working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address 2842 Meramec St.

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.)
St. Louis, Mo.

If this body is not embalmed, above space should be left blank.