

S. No. 2
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5-17-39
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FILED FEB 27 1942

10003

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Masonic Home of Missouri 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 1/2 weeks (Specify whether
In this community same
years, months or days)

3. (a) PRINT FULL NAME Anna Valeska Bollman

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex F / 5. Color or race W / 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Max Bollman 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased August 23, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 4 7 _____ hr. _____ min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Lived in Masonic Home

12. Name Ernest Lampe 4
13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Emma Troeltzsch 4

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Clara D. Rothe
(b) Address 5351 Delmar Blvd.

17. (a) Cremation (b) Date thereof 1-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 N. Grand Blvd.

19. (a) IAAI 90 (b) J. F. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5351 Delmar Blvd. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10,
year 1942 hour 9.40 minute P. M. A. M.

21. I hereby certify that I attended the deceased from December 17, 1941 to January 10, 1942.
that I last saw her alive on January 10, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Cerebral Hemorrhage 3 days
Due to Hypertension 6 mths

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____ PHYSICIAN
Of operations _____ Underline the cause to which death should be charged statistically.
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work _____ (e) Means of injury _____
23. Signature L. ... (M. D. or other)
Address 508 N. Grand Blvd. Date signed 1/10-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed.....

A. G. Smithers

Licensed Embalmer No. 3966

P. O. Address 3710 N. Grand St. B

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.)

If this body is not embalmed, fact should be so stated above.