V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 2 1942 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15994

State File No.

Registration District No. Primary Registration District No. Registrar's No. 4520

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

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:
Deaconess Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 9
(c) City or town St. Louis. 10
(If outside city or town limits, write "RURAL")
(d) Street No. 4335 Lee Ave. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Kate Bollenbach
3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 25 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	1	27	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Housework.
11. Industry or business
FATHER
12. Name John Bollenbach.
13. Birthplace France 5
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elsie Freund.
15. Birthplace Germany. 4
(City, town, or county) (State or foreign country)
16. (a) Informant F. V. ~~Bud~~ Lucas.
(b) Address 1625 Grape ave.
17. (a) Burial (b) Date thereof 5-25-42.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cem.
18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.
19. (a) MAY 25 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1942 hour 10:40P.M. minute M.
21. I hereby certify that I attended the deceased from July 13, 1939, to May 22, 1942
that I last saw her alive on May 22, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mesenteric Thrombosis	1 day
Due to Hypertensive Cardio-vascular Dis.	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 0
23. Signature C. I. Cleinschmidt (M. D. ~~or other~~)
Address 827 Metropolitan Bldg Date signed 5/23/42

X44 (Licensed Embalmer's Statement on Reverse Side)

Dr C. Kleinschmidt,
Metropol Bldg. Je 4141
2-4 P.M.

Miss Bollenbach

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 So Louis Ave

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.