. No. 2
—1-4-41
5-17-39
P1 X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1942

Dr. Dorris 3/3

Registration District No. 2/3

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17809

Primary Registration District No. 3014

Registrar's No. 142

1. PLACE OF DEATH:

(a) County: Cole

(b) City or town: Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 203 Cherry Street 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)

In this community: 31 years

2. USUAL RESIDENCE OF DECEASED: 2/

(a) State: Missouri (b) County: Cole

(c) City or town: Jefferson City 1
(If outside city or town limits, write "RURAL")

(d) Street No.: 203 Cherry Street
(If rural, give location) 0

(e) Citizen of foreign country? ____ (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME: Mrs. Lillian Wollman

3. (b) If veteran, name war ____

3. (c) Social Security No.: none

4. Sex: female 1

5. Color or race: white

6. (a) Single, widowed, married, divorced: married 1

6. (b) Name of husband or wife: Caesar Wollman

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: ~~August~~ May 23 1879 (Month) (Day) (Year)

8. AGE: Years 63 Months 10 Days 8 If less than one day ____ hr. ____ min.

9. Birthplace: Augusta, Arkansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business ____

MOTHER FATHER

12. Name: Herman Caro

13. Birthplace: Poland 4
(City, town, or county) (State or foreign country)

14. Maiden name: Rachel Marks

15. Birthplace: St. Louis, Mo. 4
(City, town, or county) (State or foreign country)

16. (a) Informant: J. E. Wollman

(b) Address: Jefferson City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June-2-1942 (Month) (Day) (Year)

(c) Place: burial or cremation: River View Cemetery

18. (a) Signature of funeral director: Tom Gordon

(b) Address: Jefferson City, Missouri

19. (a) 6-1-42 (Date received local registrar) (b) Lorena Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 31 year: 1942 hour: 7 minute: 15 A.M.

21. I hereby certify that I attended the deceased from Jan 1941 to May 31 1942 that I last saw h. alive on May 30 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial [illegible]	3 yrs
Due to: Cerebrovascular Hypertension	30 years
Due to:	
Other conditions (Include pregnancy within 3 months of death): 7 f	
Major findings: Of operations: None	
Of autopsy: None	

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 ____

23. Signature: [illegible] (M. D. or other)

Address: [illegible] Date signed: June 1, 1942

174
8/43

894 (Licensed Embalmer's Statement on Reverse Side)

DEC 7 1944

AUG 23 1944

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.....Louis Luerit.....

Licensed Embalmer No.....4096.....

P. O. Address.....Jefferson City.....

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.

State of MISSOURI } ss.
County of ST. LOUIS }

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 17809

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 28th day of MARCH, 1944, before me appears JEROME R. WOLLMAN, who, upon his oath, states that the original record of ~~birth~~ death for Lillian Wollman, ~~born~~ died May 31, 1942 in the State of Missouri, and which was filed at 6-1- on 42 0, 19, should be corrected as follows:

Item No. 7 should read May 23, 1879

Instead of Aug. 23, 1879

Item No. 8 should read 63 YEARS, NO MONTHS, 8 DAYS.

Instead of 62 YEARS, 9 MONTHS, 8 DAYS.

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief. Jerome R. Wollman

(SEAL)

NOTE: My address where I am residing temporarily is 4956 Labadie Ave., St. Louis, 15, Mo. My legal address is shown opposite.

Affiant JEROME R. WOLLMAN, SON
Relationship.

203 CHERRY ST., JEFFERSON CITY, MO.
Present Address.

Subscribed and sworn to before me this 28th day of MARCH, 1944.

My Commission Expires June 19th, 1946

Blanche McKinley Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
10M-8-42
I X33820