S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32463

FILED OCT 2 - 1943

Registration District No. 317 | Primary Registration District No. 6076 | Registrar's No. 299

1. PLACE OF DEATH:

(a) County: St. Louis County

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

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. 9/3/43. (Specify whether years, months or days)
In this community unknown.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 17

(c) City or town: Saint Louis
(If outside city or town limits, write "RURAL")

(d) Street No.: 4214 E. Evans Avenue
(If rural, give location)

(e) Citizen of foreign country? – (Yes or No)
If yes, name country –

3. (a) PRINT FULL NAME: Amos Edward Bollinger

3. (b) If veteran, name war: World War #1

3. (c) Social Security No. 397-05-0608

4. Sex: male

5. Color or race: Negro

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

6. (b) Name of husband or wife: –

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

7. Birth date of deceased: August (Month) 15, (Day) 1892 (Year)

8. AGE: Years 51 | Months 1 | Days 8 | If less than one day: hr. min.

9. Birthplace: Cape Girardeau, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Janitor.

11. Industry or business: –

MOTHER FATHER

12. Name: George Bollinger

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

14. Maiden name: Eva R. Sutton

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

16. (a) Informant: M. Schulz

(b) Address: Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Sept. 24, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Cape Girardeau, Missouri

18. (a) Signature of funeral director: F. J. Sparks

(b) Address: Cape Girardeau, Mo.

19. (a) SEP 30 1943 (Date received by local registrar) (b) C. G. McGavron, M.D. (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23rd, year 1943 hour 8:45 minute p. M.

21. I hereby certify that I attended the deceased from September 3, 1943 to September 23, 1943 that I last saw him alive on September 23, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
BRAIN ABSCESS, LEFT FRONTAL LOBE,	Unknown
Due to	
~~Due to~~ SINUSITIS, FRONTAL WITH PERI-OSTITIS, FRONTAL BONE AND	
~~Due to~~ RUPTURE OF CORTEX.	Abt. 5 weeks

Other conditions: None.
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Sinusotomy and currettement — semi-radical frontal abscess, 9/14/43
Of autopsy: No 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): no

(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. COCHRAN, M.D. (M. D. or other)

Address: Chief Medical Officer, Veterans Adminis. Facility, Jefferson Bks., Mo. Date signed: 9/24/43

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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau Mo

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.