

X 35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43996**
Registrar's No. **2803**

FILED DEC 27 1943

Registration District No. **3179**

Primary Registration District No. **6076**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Pine Lawn,**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6212 Sexton Place
(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)

3. (a) PRINT FULL NAME **Elizabeth Gollenberg.**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **William F. Gollenberg**

6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **April 6, 1874.**
(Month) (Day) (Year)

8. AGE: Years **69** Months **8** Days **6**
If less than one day hr. min.

9. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER

12. Name **Joseph Fiedeler**

13. Birthplace **Unknown** **Germany** **4**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** **Germany** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **William F. Gollenberg**

(b) Address **6212 Sexton Place**

17. (a) **Burial** (b) Date thereof **Dec. 18/43.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cem.,**

18. (a) Signature of funeral director **Jos. W. Clark**

(b) Address **1125 Hodiamont Ave.,**

19. (a) **DEC 18 1943** (b) **E. J. McLawrence**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**

(c) City or town **Pine Lawn**
(If outside city or town limits, write "RURAL")

(d) Street No. **6212 Sexton Place**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **14**
year **1943** hour **8.10** minute **P.M.** M.

21. I hereby certify that I attended the deceased from **Dec. 12/43** 19**43**, to **Dec. 18** 19**43**;
that I last saw **ER** alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
terminal pneumonia
complicated by
Broncho-Pneumonia

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy **gela**

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 **John P. Harris** (M. D. or other).....
Address **6390 National Bldg** Date signed **12/14/43**

Dr. S.P.Harris
6390 Natural Bridge Road
GO. 6633.
4.00 PM.

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..... *Sy W Wilkinon*

Licensed Embalmer No. *3575*

P. O. Address *St Louis 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.