

FILED APR 6 1944 818

Registration District No. _____

Primary Registration District No. _____

Registrar's 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:
Christian Hospital 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 _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Annie K. Bollam

3. (b) If veteran, name war _____
 3. (c) Social Security No. None

4. Sex Female
 5. Color or race White
 6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of husband or wife William
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 7 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>4</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace St. Louis Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Henry Bressert

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

14. Maiden name Margaret Horst

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

16. (a) Informant James Bollam

(b) Address 1904 Clara

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 3-31-44
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Charles J. Smart

(b) Address 1423 23rd 1944

19. (a) _____
(Date received) (City) (State) (b) J. B. Redek
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1904 Clara
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
 year 1944 hour 9:50 minute _____ AM.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of right hip
Arteriosclerosis suffered when Decedent fell to the floor at the home of her daughter at 4546 2nd Queens on March 28 1944
Exact time unknown

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

Major findings: 10/18
 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) Accident 000

(b) Date of occurrence 03-3-44

(c) Where did injury occur? St Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In her daughter's home

While at work _____ (Specify type of place)
 (e) Means of injury fall

23. Signature Walter Perry (M. D. or other)

Address Deputy Date signed 3/31/44

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

Signed.....

West W. Layne

Licensed Embalmer No..... 1861

P. O. Address.....

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.