No. 2
JM—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25070

FILED JUL 16 1945

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1744

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town LeMay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9911 Brook
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 10 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County StLouis
(c) City or town LeMay Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 9911 Brook
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Theresa Olliges
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bernard Olliges
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Nov 9 1893 (Month) (Day) (Year)
8. AGE: Years 51 Months 7 Days 29 If less than one day hr. min.
9. Birthplace StLouis Mo (City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business At Home
MOTHER FATHER
12. Name Charles Peterson
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth
15. Birthplace Mo (City, town, or county) (State or foreign country)
16. (a) Informant Bernard Olliges
(b) Address 9911 Brook
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope
18. (a) Signature of funeral director Fendler Und Co,
(b) Address 7420 Michigan
19. (a) 9-11-45 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1945 hour 3:35 minute a M.
21. I hereby certify that I attended the deceased from March 15 1945, to July 8 1945
that I last saw he alive on July 8 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration 4 Months
Due to 936
Due to
Other conditions Herpes Zoster
(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
23. Signature Paul R Konzelmann (M. D. or other)
Address 1116 Lemay Ferry Rd Lemay Mo Date signed July 9 1945

(Licensed Embalmer's Statement on Reverse Side)

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

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 [redacted] Albert R. Thompson Jr

Licensed Embalmer No. 4237

P. O. Address St. Louis

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.

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