

No. 2  
DM-5-43  
v. 5-17-39  
I X36671

**FILED NOV 10 1945**  
Registration District No. **315**

Primary Registration District No. **1003**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_

(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Louis City Hospital**  
**Mar C. Starkloff Memorial**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 days**  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo.** (b) County **9304** *no*

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL") *717*

(d) Street No. **4834 Penrose Ave.**  
(If rural, give location) *9*

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) *0*

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **JOAN ANN BOLLAM**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **F.** 5. Color or race **W.** 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 **June 11, 1937**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>8</b>	<b>4</b>	<b>15</b>	_____ hr. _____ min.

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

10. Usual occupation **School.**

**MOTHER FATHER**

11. Industry or business \_\_\_\_\_

12. Name **George L. Bollam.**

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

14. Maiden name **Nellie A. Cantellon**

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

16. (a) Informant **George Bollam**

(b) Address **4834 Penrose Ave.**

17. (a) **Burial.** (b) Date thereof **10-29-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd**

19. (a) **OCT 23 1945** (b) **J. F. Bredeat**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **October** day **26**  
year **1945** hour **5:40** minute **P** M.

21. I hereby certify that I attended the deceased from **October 25**, 19**45**, to **October 26**, 19**45**  
that I last saw h. **or** alive on **October 26**, 19**45**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Polio myelitis with respiratory paralysis**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**3/6**

**Duration**

\_\_\_\_\_

**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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature **Helen Yeager** (M. D. number) \_\_\_\_\_  
Address **1515 Lafayette Avenue** Date signed **10/27/45**

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, Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lundell Bl

**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.**