

S. No. 2
M-5-43
5-17-39
I X3687

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18769**
Registrar's No. **4667**

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution: **1867 Madison St.**
(d) Length of stay: **50 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **26/7**
(d) Street No. **1867 Madison St.** (If rural, give location) **9**
(e) Citizen of foreign country? **0** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **Mr. John Ollinger**
(b) If veteran, name war **none** (c) Social Security No. **none**
4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married **married**
6. (b) Name of husband or wife **Mrs. Maria Ollinger** 6. (c) Age of husband or wife if alive **61** years
7. Birth date of deceased **November 24th, 1879**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **22nd**.
year **1946** hour **5:40 PM** minute _____ M.
21. I hereby certify that I attended the deceased from **May 17** 19**46**
to **May 22** 19**46**
that I last saw **him** alive on **May 22** 19**46**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
66 **5** **28** hr. _____ min.

Immediate cause of death **Heart Disease of Heart**
Due to **Bronchitis Pneumonia** Duration **3 days 10 days**

9. Birthplace **Chatad Hungary**
(City, town, or county) (State or foreign country)

Other conditions **107**
(Include pregnancy within 3 months of death)

10. Usual occupation **Barber**

11. Industry or business _____
12. Name **unknown**
13. Birthplace **unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Maria Ollinger**
(b) Address **1867 Madison St.**

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? _____

17. (a) **Burial** (b) Date thereof **5-25-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**

23. Signature **J. F. Bredeck** (M. D. or other) **9/24/46**
Address **1875 Madison** Date signed _____
While at work _____ (Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director **J. F. Bredeck**
(b) Address **2223 St. Louis Ave.**
19. (a) **MAY 24 1946** (Date received local registrar)
J. F. Bredeck (Registrar's signature)

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..... *John P. Buchholz*

Licensed Embalmer No. *1674*

P. O. Address. *2223 S. Yarni Ave*

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.