

FILED SEP 10 1947

Registration District No.

Primary Registration District No. 5595

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

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Rock Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: near Imperial Ave 1
(If not in hospital of institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 83 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson 50
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Imperial Mo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Johanna Bollefer

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 Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 30 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 9 28 hr. min.

9. Birthplace Kimmswick Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Housework

12. Name Louis Riechman

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

14. Maiden name Johanna Wedde

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

16. (a) Informant Emil Bollefer

(b) Address Kimmswick Mo.

17. (a) Burial (b) Date thereof Sent 2 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beck Luthern Cemetery

18. (a) Signature of funeral director Heiligtag Funeral Home

(b) Address Kimmswick Mo. R. R. 2

19. (a) Aug 29 1947 (b) Phil J. Kirk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28
year 1947 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 1947 to Aug 28 1947
that I last saw her alive on 8/28/47 and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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)

23. Signature Phil J. Kirk (M. D. or other) MD

Address Kimmswick, Mo. Date signed 8-29-47

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 7-8-47

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 Elmer A. Eligtag
Licensed Embalmer No. 3571
P. O. Address Kimmswick, 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.