

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27529
Registrar's No. 7257

FILED AUG 28 1948

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Little Sisters of Poor
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14-years
(Specify whether years, months or days)
In this community.....

3. (a) PRINT FULL NAME William Bollenbach

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced S. 0
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Feb. 11th., 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 6 5 hr. min.

9. Birthplace St. Louis Mo. 11
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Laborer

11. Industry or business

12. Name John Bollenbach
13. Birthplace France 5
(City, town, or county) (State or foreign country)
14. Maiden name Elsie Freund
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Fedder Lucas
(b) Address 8539 Drury Ave.

17. (a) Burial (b) Date thereof 8-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Cemetery

18. (a) Signature of funeral director Arthur J. Donnell
(b) Address 3840 Lindell Blvd.

19. (a) AUG 18 1948 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 600
(c) City or town St. Louis 11
(d) Street No. 3225 N. Florissant Ave. 9
(If outside city or town limits, write "RURAL")
(If rural, give location) 0
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 16th.,
year 1948 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from May 12, 1945 to August 16, 1948
that I last saw him alive on August 16, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 3 yrs.
Senility

Due to.....
Due to.....

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None

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) None
(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 of physician J. F. Bredbeck (M. D. or other)
Address 2435 N. Grand Blvd. Date signed 8-17-48

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.....

W H VanMatre

Licensed Embalmer No.

2825

P. O. Address

4340 Lafayette

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.