Pillary Registration District No. D. Registrary No. D. Pillary Registration District No. D. Partition District N	o. 300 10-47	_National Office of Vital Statistics CTANDADD CEDTI	ISION OF HEALTH IFICATE OF DEATH State File No	(2Q
Registration District No. County St. Louis St. Louis	17-39 I 3906	FILEU AUG 28 1948 314	1002	257
(a) County St. Louis (b) City or town. St. Louis (c) Clity or town. St. Louis (d) City or town. St. Louis (d) Clity or town. St. Louis (d) Length of stay: In hospital or institution. If Years (d) Length of stay: In hospital or institution. In hospital or			Jistrict No.	
(b) City or town (f) entable city or town insists, wise "RUNAL" and mans of termship) (c) Name of hospital or institution. (d) Length of stay: In hospital or institution. (e) City or town SL-DOURS (f) City or town SL-DOUR	INK-MAKE A PERMANENT	l		bad
(d) Length of stay; In hospital or institution (d) Length of stay; In hospital or institution (E) Length of stay; In hospital or institution (E) Length of stay; In hospital or institution (E) Citizen of foreign country? (C) Citizen of foreign country? (E) Carry (E) C			(a) State MO (b) County.	17
(d) Length of stay; In hospital or institution (d) Length of stay; In hospital or institution (E) Length of stay; In hospital or institution (E) Length of stay; In hospital or institution (E) Citizen of foreign country? (C) Citizen of foreign country? (E) Carry (E) C		(If outside city or town limits, write "RURAL" and name of township)	II (c) City of town	5 6
(b) Length of half, in fact, i			[[(d) Supect (xr)	7
3. (b) If veteran, and war. 3. (c) Social Security No. name war. 3. (c) Social Security No. name war. 4. Sex				0
3. (b) If veteran, and war. 3. (c) Social Security No. name war. 3. (c) Social Security No. name war. 4. Sex		In this community	1	
3. (b) If veteran, and war. 3. (c) Social Security No. name war. 3. (c) Social Security No. name war. 4. Sex				
3. (b) If veteran, and war. 3. (c) Social Security No. name war. 3. (c) Social Security No. name war. 4. Sex		3. (a) PRINT William Bollenbach		h.,
4. Ser race advorced advorced and that I has feas to A Mark I has f		3. (b) If veteran, 3. (c) Social Security No.	year 1948 hour 10 minute	р. _{м.}
4. Ser race advorced advorced and that I has feas to A Mark I has f		name war	21. Thereby certify that I attended the deceased from	<i>\</i>
4. Ser race advorced advorced and that I has feas to A Mark I has f		M 5. Color or W 6. (a) Single, widowed, married,	May 12 1945, 19 August 16	19. 19.
Second Content of the conditions Second Content		II		19.40
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. 10. Usual occupation Retired Laborer. 11. Industry or business 12. Name John Bollenbach 13. Birthplace Grange Carty of Grange country 15. Birthplace Grange Carty of Grange country 15. Birthplace Grange Carty of Grange country 16. (a) Informant Mr. Fedder Lucas (City, town, or country) (State or foreign country) (Bartal Carty or powers) (State or foreign country) (Bartal Carty or powers) (State or foreign country) (City, town, or country) (State or foreign country) (Bartal Carty or powers) (State or foreign country) (Bartal Carty or powers) (State or foreign country) (City, town, or country) (State or foreign country) (Bartal Carty or powers) (State or foreign country) (City, town, or country) (State or foreign country) (City, town, or country) (State or foreign country) (Bartal Carty or powers) (City, town, or country) (State or foreign country) (City town or country) (City town) (Country) (City or town) (Country) (City or town) (Country) (City or town) (City or town) (Country) (Immediate cause of death	Duration
State or foreign country Other conditions Ot		7. Birth date of deceased Feb.11th., 1864	Chronic Myo cardibis.	131/13.
State or foreign country Other conditions Oth			J'en///by	
11. Industry or business 12. Name			Due to	
11. Industry or business 12. Name	Ž/		Dué to.	
11. Industry or business 12. Name	UNEAD		I Th	
11. Industry or business 12. Name		Retired Laborer	Other conditions (Include pregnancy within 3 months of death)	
The second of the care of operations The country		11. Industry or business		. PHYSICIAN
State of foreign country Of autopsy Of autopsy Shall be should be sh	β	# (12. Name John Bollenbach	Major findings: Of operations	Underline
(c) Place: burial or cremation (b) Address (c) Place: burial or cremation (d) Address (e) Place: burial or cremation (f) Address (f) Address (g) Place: burial or cremation (h) Address (h) Address (h) Date thereof (Month) (Day) (Year) (c) Place: burial or cremation (d) Did injury occur? (e) Place: burial or cremation (f) Address (g) Place: burial or cremation (h) Address (h) Accident, suicide, or homicide (specify) (h) Date of occurrence. (c) Where did injury occur? (d) Did injury occur in or about home, on farm, in industrial place, in public properties of injury (h) Address (h) Accident, suicide, or homicide (specify) (h) Date of occurrence. (c) Where did injury occur? (d) Did injury occur? (d) Did injury occur? (e) While About the man in industrial place, in public properties of injury (h) Address (h) Address (h) Accident, suicide, or homicide (specify) (h) Date of occurrence. (c) Where did injury occur? (d) Did injury occur? (d) Did injury occur? (d) Did injury occur? (e) While About the man in the man industrial place, in public properties of injury (h) Address (h) Address (h) Accident, suicide, or homicide (specify) (h) Date of occurrence. (c) Where did injury occur? (d) Did injury occur?	Ľ.	12 Piethologe	1/6ul	the cause to which death
(c) Place: burial or cremation (b) Address (c) Place: burial or cremation (d) Address (e) Place: burial or cremation (f) Address (f) Address (g) Place: burial or cremation (h) Address (h) Address (h) Date thereof (Month) (Day) (Year) (c) Place: burial or cremation (d) Did injury occur? (e) Place: burial or cremation (f) Address (g) Place: burial or cremation (h) Address (h) Accident, suicide, or homicide (specify) (h) Date of occurrence. (c) Where did injury occur? (d) Did injury occur in or about home, on farm, in industrial place, in public properties of injury (h) Address (h) Accident, suicide, or homicide (specify) (h) Date of occurrence. (c) Where did injury occur? (d) Did injury occur? (d) Did injury occur? (e) While About the man in industrial place, in public properties of injury (h) Address (h) Address (h) Accident, suicide, or homicide (specify) (h) Date of occurrence. (c) Where did injury occur? (d) Did injury occur? (d) Did injury occur? (d) Did injury occur? (e) While About the man in the man industrial place, in public properties of injury (h) Address (h) Address (h) Accident, suicide, or homicide (specify) (h) Date of occurrence. (c) Where did injury occur? (d) Did injury occur?	NI	(City of me, ir sound) and 177 (State or foreign country)	Of autopsy	. should be charged sta-
16. (a) Informant 8539 Drury Ave. (b) Address 8539 Drury Ave. (c) Place: burial or cremation St. John's Gemettery (d) Did injury occur in or about home, on farm, in industrial place, in public property and prop	PL/	E Germany7	22. If death was due to external causes, fill in the following:	insucany.
Burial (b) Date three for though (County) (Coun	IE	Mr.Fedder Lucas	(a) Accident, suicide, or homicide (specify)	
(City or town) (County) (State (Burial, cremation, or removal) (City or town) (County) (Count	/RI	(b) Address: 8539 Drury Ave.		
18. (a) Signature of funeral director While of the Signature of funeral director (b) Address 3840 Lindell Blvd. (b) Address 8 1948 (b) 4. Cholek (23. signature fill and the signature		17. (a) Burial (b) Date thereof (Month) (Day) (Yest)	(City or town) (County)	(State)
18. (a) Signature of funeral director While of the Signature of funeral director (b) Address 3840 Lindell Blvd. (b) Address 8 1948 (b) 4. Cholek (23. signature fill and the signature		(c) Place: burial or cremation Sy. John's Cemetery	A ' ^	Naone higher
(b) Address 3840 Lindell Blvd. 19. (a) AUG' 18 1948 (b) 1. 4. Quelock 23. sagnature 19. (c) AUG' 18 1948 (c) 1. 4. Quelock 23. sagnature 19. (c) Aug' 18 1948 (c) (c) Aug				
19. (a) Address 735 / Land Blot Date signed 8		(b) Address 1948 (1) (1) (a)	The Union that World	other)
(Date Lectived local Lekitran) / / / / / / / / / / / / / / / / / / /		(Date received local registrar) (b) (Registrar's signature)	Address 2435 / Mand Blott Date signer	n 8-17-48
(Licensed Embalmer's Statement on Reverse Side)				

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.	range to	

Signed WHVan Matre

Licensed Embalmer No. 20 4

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.