

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17477

BIRTH NO.		REG. DIST. NO. 517		PRIMARY REG. DIST. NO. 590		Registrar's No. 1223	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn		c. LENGTH OF STAY (in this place) 2 Months		c. CITY OR TOWN Brentwood 451		d. Is Residence within limits of a city (unincorporated town)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Shamrock Nursing Home				e. STREET ADDRESS (If rural, give location) 8807 Lawn Drive, 17,			
3. NAME OF DECEASED (Type or Print) BERTHA		a. (First)		b. (Middle) J.		c. (Last) BOLLINGER	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		4. DATE OF DEATH May 24th, 1954	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		8. DATE OF BIRTH March 11th, 1872		9. AGE (in years last birthday) 72	
11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Albert Heldermon		13b. MOTHER'S MAIDEN NAME Amelia Heise	
14. NAME OF HUSBAND OR WIFE Denver S. Bollinger		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Denver S. Bollinger, 8807 Lawn Dr., (17)	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis. DUE TO (c) Hypertensive Cardio-vascular renal disease. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic dementia				INTERVAL BETWEEN ONSET AND DEATH 5 minutes unknown unknown unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 27, 1954</u> to <u>May 24, 1954</u> , that I last saw the deceased alive on <u>May 24, 1954</u> , and that death occurred at <u>11:45A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE Lewis Littmann MD (Degree or title)				23b. ADDRESS 8231 Clayton Rd (17)		23c. DATE SIGNED 5/25/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal - Rail		24b. DATE 5/25/54		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri	
DATE REC'D BY LOCAL REG. 5/25/54		REGISTRAR'S SIGNATURE Herbert B. Amthelm		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALVIN F. FEUTZ 4828 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15, Mo.			

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

(Licensed Embalmer's Statement on Reverse Side)

RETURNED TO SENDER, DR. LUTHERMAN WILL
be in his office @ 3:00PM.
File in St. Louis County, Get shipping
papers.

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, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Ralph E. Linder*

Licensed Embalmer No. *427*

P. O. Address..... *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.