No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6016

State File No. .....

BIRTH NO. FILED MAR 1 1957 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1177

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 5 wks.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 09 DePaul Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY St. Louis

c. CITY OR TOWN Luxemburg 4870 0
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐

e. STREET ADDRESS (If rural, give location) 27 204 West Arlee

3. NAME OF DECEASED (Type or Print) a. (First) August b. (Middle) C. c. (Last) Bollmann

4. DATE OF DEATH (Month) 2 (Day) 4 (Year) 57

5. SEX 0 Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 22, 1881
9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist-Ret.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) 0 Springfield, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles Bollmann
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Amelia Bollmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 333-03-2302
17. INFORMANT'S SIGNATURE OR NAME Mrs. Amelia Bollmann, ADDRESS 204 W. Arlee

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pul. edema Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES Arteriosclerotic heart disease
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart Disease — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Chronic bronchitis
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis — 10 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 420.0
20. AUTOPSY? 2 YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1951, *to* ~~January~~ February, 1957, *that I last saw the deceased alive on* February 4, 1957, *and that death occurred at* 5:30 a m., 5:30 A.M. *from the causes and on the date stated above* 2-5-57

23a. SIGNATURE Robert M. Launch (Degree or title) 0 Robert M. Launch M.D.
23b. ADDRESS 4952 Maryland 4952 Maryland
23c. DATE SIGNED Feb. 5, 1957

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE 2/6/57
24c. NAME OF CEMETERY OR CREMATORY St. Peters Cem. (Crypt)
24d. LOCATION (City, town, or county) St. Louis County (State) Mo.

DATE REC'D BY LOCAL REG. FEB 5 '57
REGISTRAR'S SIGNATURE J Earl Smith MD MFB
25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral ADDRESS 1905 Union

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Robert M. Launch
4952 Maryland
Fo. 7-8844

Hrs. 8:30-11:30 AM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Albert R. Thompson

Licensed Embalmer No. 4257

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.