

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025743

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 69 STATE FILE NUMBER

AMENDED
DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF
ITEM NO.

FILED JUL 27 1961

1. PLACE OF DEATH
 a. COUNTY Jefferson Co. Mo.
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kimswick Length of stay in 1b
 c. FULL NAME OF HOSPITAL OR INSTITUTION 4 Oaks Rest Home Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY
 c. CITY OR TOWN Kimswick Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 4 Oaks Rest Home Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Lena Middle Bollman Last
 4. DATE OF DEATH Month July Day 3 Year 1961

5. SEX Female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH Jan. 3/1886 9. AGE (last birthday) 85 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Innkeeper 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (City and state or country) St. Louis Mo. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Andrew Panek 13b. MOTHER'S MAIDEN NAME Johanna Franek 14. NAME OF HUSBAND OR WIFE Fred Bollman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no. 16. SOCIAL SECURITY NO. 17. INFORMANT Edna Gruen Address 3645 Nebraska

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Pulmonary Edema INTERVAL BETWEEN ONSET AND DEATH 4 hrs
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Infarction 4 hrs
 DUE TO (c) Arterial Sclerotic Heart Disease 1 yr
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11/1/60 to 7/3/61 and last saw her alive on 7/3/61
 Death occurred at 6:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles Burnside M.D. 22b. ADDRESS 206 W. Argonne Highway 22c. DATE SIGNED 7/5/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 7-7-61 23c. NAME OF CEMETERY OR CREMATORY Hiram Cem. 23d. LOCATION (City, town, or county) (State) St. Louis Co Mo.

24. FUNERAL DIRECTOR Witt Bros. & Neph. ADDRESS 2929 S. Jeff. 25. DATE RECD. BY LOCAL REG. 7-4-61 26. REGISTRAR'S SIGNATURE Robert E. Bauer

JUL 28 1961

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 Stanley H. Dixon

Licensed Embalmer No. 4193

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.