MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016594
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4528

FILED MAY 10 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1
2 22 4
3
4 0
5 2
6
7 9
8 2
9
10
11
12 70-0
13

70

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 3 yrs.

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Park Lane
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE b. COUNTY

c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): 3723 Marine
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Herman Middle Last Bollenhagen

4. DATE OF DEATH: Month 4 Day 30 Year 62

5. SEX: m

6. COLOR OR RACE: W

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 3/23/1877

9. AGE (last birthday): 85

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gaurd

10b. KIND OF BUSINESS OR INDUSTRY: US Government

11. BIRTHPLACE (City and state or country): unk.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: George

13b. MOTHER'S MAIDEN NAME: Unk.

14. NAME OF HUSBAND OR WIFE: Minnie (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): Sp. Amer.

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Ben Grave Address: 3645 3645 Tenne.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerosis, generalized — 8 yrs

DUE TO (c) Arteriosclerotic Heart Disease — Lng

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility 4200

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 1957, to 4-30-62 and last saw her/him alive on 4-30-62

Death occurred at 7:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Lemard A. Stein

22b. ADDRESS: 1918 East Grand

22c. DATE SIGNED: 1 May 62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 5/3/62

23c. NAME OF CEMETERY OR CREMATORY: SunSet Burial Park

23d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

24. FUNERAL DIRECTOR: Schumacher ADDRESS: 3013 Meramec

25. DATE RECD. BY LOCAL REG.: MAY 3 1962

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

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 Jack Haupt

Licensed Embalmer No. 4746

P. O. Address St Louis Mo

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.