

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032291

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318**

1003

8293

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1
2 *204*
3
4 *0*
5 *1*
6
7 *0*
8 *2*
9
10
11
12 *58-0*
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. FILED AUG 31 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY		a. STATE St. Louis	b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 34 yrs.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1415 Louisville
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	5. Year
First ARNO	Middle C.	Last BOLLINGER	Month August Day 23 Year 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb. 4, '08
9. AGE (last birthday) 54 yrs.		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) Production		10b. KIND OF BUSINESS OR INDUSTRY U.S. Gov.-Procure.	11. BIRTHPLACE (City and state or country) Advance, Missouri
12. CITIZEN OF WHAT COUNTRY USA		13. NAME OF HUSBAND OR WIFE inger Mrs. Barbara Sestrich Boll-	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.No.2		16. SOCIAL SECURITY NO. (Civil Service)	
17. INFORMANT Mrs. Barbara Bollinger, 1415 Louisville		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary Thrombosis			2 days
DUE TO (b) arterio sclerotic Heart disease			6 years
DUE TO (c) 4200			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. HOMICIDE <input type="checkbox"/>
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from April 10 1958 to Aug 23 1962 and last saw him alive on July 30 1962			
Death occurred at 11:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE B. J. Mc Ginnis M.D.		22b. ADDRESS 16 Haverpton Valley Mo.	
22c. DATE SIGNED 8-24-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Aug. 27, 1962	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR Beiderwieden F.H.Inc., 1936 St. Louis (6)		25. ADDRESS	25. DATE RECD. BY LOCAL REG. 8-27-1962
		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.	

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Byron the Birnie
#16 Hampton Village
Place.

1:30 - 4:30 Fri.

781-3561

247-3180

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 Homer V. Jenty

Licensed Embalmer No. 3882

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.