

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-008345

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2187**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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24029-38

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED MAR 8 1963

1. PLACE OF DEATH a. COUNTY ST. LOUIS MO		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis, Mo.		c. CITY OR TOWN LADUE MO	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DEACONESS HOSP		d. STREET ADDRESS (If outside, give location) #64 CLERMONT LA.	
3. NAME OF DECEASED (Type or print) First LORLE Middle K Last BOLLE		4. DATE OF DEATH Month 2 Day 26 Year 63	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-16-1906
10a. USUAL OCCUPATION (Give kind of work done during preceding life, if any) SECRETARY TREASURER		10b. KIND OF BUSINESS OR INDUSTRY ST LOUIS DRUG	9. AGE (last birthday) 56
11a. BIRTHPLACE (City and state or country) ST LOUIS MO		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME OTTO W BOLLE		13b. MOTHER'S MAIDEN NAME ROMIA BOCKSTALLER	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) NO	
17. INFORMANT MRS LILLY WELLS		Address #64 CLERMONT LA	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gastro-intestinal hemorrhage and shock. DUE TO (b) Portal cirrhosis of the liver. DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH 11 days 5810
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> 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. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY. (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION February 12, 1963 February 26, 1963	
21. I attended the deceased from _____ and last saw her/him alive on 2-26-63 - Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) [Signature]	
22b. ADDRESS 634 N. Grand		22c. DATE SIGNED 2-21-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-28-63	23c. NAME OF CEMETERY OR CREMATORY VALHALLA MAS.	23d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY MO
24. FUNERAL DIRECTOR KRIEGSHAUSER		25. DATE RECD. BY LOCAL REG. 9450 OLIVE ST RD FEB 27 1963	26. REGISTRAR'S SIGNATURE [Signature]

Dr. HAROLD JOSLYN

MO THEATR BLDG

JE 3 2323

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 William R. White

Licensed Embalmer No. 4291

P. O. Address 4228 So Kings Highway

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.