

JUN 4 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 4698

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1601 S. Broadway**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Eva Bollinger**

3. (b) If veteran, name war..... **No** 3. (c) Social Security No. **No**

4. Sex..... **Female** 5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Widowed**
6. (b) Name of husband or wife..... **Harley Bollinger**
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **October 8 1895**
(Month) (Day) (Year)

8. AGE: Years **47** Months **7** Days **12** If less than one day hr. min.

9. Birthplace..... **St. Francois County Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Housewife**

11. Industry or business.....

12. Name..... **Henry O'Bannon**

13. Birthplace..... **St. Francois County Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Mattie Lance**

15. Birthplace..... **Madison County Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Bertie L. Williamson**

(b) Address..... **Hillsdale Kansas**

17. (a) **Burial** (b) Date thereof..... **5-22-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Knob Lick, Mo.**

18. (a) Signature of funeral director..... **Albert H. Hoppe Inc.**

(b) Address..... **4700 Washington Blvd.**

19. (a) **MAY 1943** (b) **J. J. Bredak**
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **20**
year **43** hour **4** minute **50**

21. I hereby certify that I attended the deceased from **4-29-43**
....., 19..... to..... **5-19**....., 19.....
that I last saw her alive on **5-19**....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Liver abscess**
Duration..... **10 wks.**

Due to..... **not determined**

Due to.....

Other conditions..... **diffuse peritonitis**
(Include pregnancy within months of death)

Major findings: Of operations..... **none**

Of autopsy..... **above findings**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... **J. J. Bredak** (M. D. or other)

Address..... **4065 S. Broadway** Date signed..... **5/20/43**

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *By W. Wilkinson*
Licensed Embalmer No. 3575
P.O. Address.....

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 this body is not embalmed, fact should be so stated above.