

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

37715

1. PLACE OF DEATH

County St Louis Registration District No. 284
 Townshp St Ferdinand Primary Registration District No. 6030
 City Florissant (No. _____) St. _____ Ward _____

2. FULL NAME

Helen Bolte
 (a) Residence, No. Common Lane Florissant Mo Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Bolte</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 1st 1876</u>		
7. AGE YEARS <u>57</u>	MONTHS <u>10</u>	DAYS <u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
13. NAME <u>Henry Gerbes</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Mary Dikes</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>John Bolte</u> (ADDRESS) <u>Florissant Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sacret Heart Cemetery Florissant Mo</u> DATE <u>Nov 21st 1933</u>		
19. UNDERTAKER <u>Edward Koch</u> (ADDRESS) <u>3916 N. 14th St</u>		
20. FILED <u>Nov 18th 1933</u> <u>Emma J Harris</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-13-33, 1933, to 11-18-33, 1933.
 I last saw her alive on 11-17-33, 1933. Death is said to have occurred on the date stated above, at 3:30 m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset _____
Hypertension
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1933
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) O. H. Schudde, M. D.
 (Address) Ferguson Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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