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

Do not use this space.

OCT 26 1937

File No. 35343

Registered No. 392

1. PLACE OF DEATH

County: Saint Louis — Registration District No. 1123

Township: Carondelet — Primary Registration District No. 6248B

City: Jefferson Barracks (No. V A F St. Ward)

2. FULL NAME Louis BOLTON

(a) Residence, No. 2305 Delmar Avenue St., Ward. Saint Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Colored	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF --

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 13, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not known

10. Date deceased last worked at this occupation (month and year) About 1 year

11. Total time (years) spent in this occupation Not known

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hushpuckena Mississippi

FATHER

13. NAME John Bolton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Mississippi

MOTHER

15. MAIDEN NAME Ophelia Walden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Mississippi

17. INFORMANT (ADDRESS) Clinical Clerk M. Schilling VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jefferson Barracks DATE Sept. 23 1937

19. UNDERTAKER (ADDRESS) Delmar Funeral Home 3341 Delmar Bl.

20. FILED Sept. 22, 1937 G. Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 1, 1937, to September 16, 1937
I last saw him alive on September 16, 1937. Death is said to have occurred on the date stated above, at 2:05P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease, aortic insufficiency, Luetic heart.	Unkn.

Other contributory causes of importance:

Myocarditis, chronic, congestive type of heart failure with hypertrophy and dilatation.	Unkn.

Name of operation None Date of
What test confirmed diagnosis? Phy. clinical manif. and laboratory Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
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) C. W. HUGHES, Chief Med. Officer. M. D.
(Address) VAF Jefferson Barracks, Mo.

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.