

9433
REC'D APR 8 1938

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

12113
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township 1 Primary Registration District No. 115
 (c) City University City (d) Street No. Christian Old Town Registered No. 597
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. 3 mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Virginia Bolt 430
 (a) Residence, No. 6600 Washington Blvd. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. O. Bolt
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1857
 7. AGE YEARS 81 MONTHS _____ DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Homewife
 9. Industry or business in which work was done, as 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) St. Louis (STATE OR COUNTRY) Missouri

FATHER 13. NAME Capt. L. T. Bolt
 14. BIRTHPLACE (CITY OR TOWN) Lebanon (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Elizabeth Wolff
 16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Roark (ADDRESS) 6600 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Apr 4 1938

19. FUNERAL DIRECTOR Chas. A. Tull (ADDRESS) 4457 Washington Blvd.

20. FILED 4-3 1938 J. R. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 31 1938
 22. I HEREBY CERTIFY, That I attended deceased from Aug 1937, to March 31 1938.
 I last saw her alive on March 31 1938. Death is said to have occurred on the date stated above, at 10:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myo-endocarditis
93%
 Other contributory causes of importance: Pulmonary Edema
 Date of onset 3/30

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? No
 If so, specify _____ (Signed) A. G. Ticks, M. D.
 (Address) 5902 Maple Ave

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.

STATEMENT BY LICENSED EMBALMER

I, John Ketter, Licensed Embalmer No. 3880
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed John Ketter
Licensed Embalmer No. 3880

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.)