

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.

NOV 16 1936

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 791

34203  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 1003  
 (b) Township..... Primary Registration District No. 1  
 (c) City St. Louis (d) Street No. Honey G. Phillips Registered No. 9189  
St. Louis (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred — yrs — mos. / ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 435 Guxtrude Bolton

(a) Residence, No. 714 Wash. St. St. 25  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem. 4. COLOR OR RACE Color. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13 - 1892

7. AGE	YEARS		MONTHS		DAYS		IF LESS than 1 day, ..... hrs. or ..... min.
	<u>46</u>		<u>4</u>		<u>9</u>		

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife  
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home  
 10. Date deceased last worked at this occupation (month and year) 10-18-38 11. Total time (years) spent in this occupation. 15 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn.

FATHER  
 13. NAME Do not know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know Tenn.

MOTHER  
 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tenn.

17. INFORMANT Dwen Bolton  
 (ADDRESS) 714 Wash St.

18. BURIAL, CREMATION, OR REMOVAL PLACE E. St. Louis Ill. DATE 10-24-38

19. FUNERAL DIRECTOR C. T. Nash  
 (ADDRESS) 111 N. 13th E. St. Louis Ill.

20. FILED OCT 24 1938 J. P. Brede Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 22 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw her alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m A

The principal cause of death and related causes of importance were as follows:

General Peritonitis following ingestion of J. J. Pappas

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... 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..... 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) Joseph M. Quinn M.D.  
 (Address) Deputy Coroner

STATEMENT BY LICENSED EMBALMER

I, C. T. Nash, Licensed Embalmer No. 2432

hereby certify that the body recorded on the reverse side of this certificate was ~~embalmed~~ by not embalmed

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed C. T. Nash

Licensed Embalmer No. 2432

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.)