

1938 JAN 13 1938

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

41757
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kennett Primary Registration District No. 1002
 (c) City St. Louis, Mo. (d) Street No. General Hospital Registered No. 4823
 (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.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME

(a) Residence, No. 3615 Penn 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 Fe 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 Hugh Bolin
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11 - 1883
 7. AGE YEARS 55 MONTHS 5 DAYS 29 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
 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) (STATE OR COUNTRY) Chanute Kansas

FATHER 13. NAME Charles Bringham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wis.

MOTHER 15. MAIDEN NAME Louella Ferguson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) Mrs. Hugh Bolin 3615 Penn

18. BURIAL, CREMATION, OR REMOVAL PLACE Chanute, Kansas DATE July 11, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) P. L. WOSKATZ & SONS 3811 Broadway St. St. Louis, Mo.

20. FILED Dec 11, 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-10-38

22. I HEREBY CERTIFY, That I attended deceased from 12-3-38, to 12-10-38

I last saw him alive on 12-10-38 Death is said to have occurred on the date stated above, at 7:05 P.M.

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

Post operative total gastrectomy for carcinoma of stomach
Atelectasis of the lung

Other contributory causes of importance: 46

Name of operation Total gastrectomy Date of 12-8-38
 What test confirmed diagnosis? Cytology 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? _____

If so, specify _____ (Signed) P. J. DeMunro M. D.
 (Address) Deserue Hosp.

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.

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.....

Licensed Embalmer No.....

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, above space should be left blank.