DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D AUG 11 1939

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23864

Primary Registration District No.

Registrar's No. 6137

1003

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's Infirmary 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 hours (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo 1 (b) County

(c) City or town Elsberry, Missouri NR
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Myrtle Bolden 435

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Colored

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Novermber (Month) 11 (Day) 1894 (Year)

8. AGE: ~~45~~ Years 44 Months ~~8~~ 7 Days 28 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housework 0

11. Industry or business 0

FATHER
12. Name George Brooks 0
13. Birthplace (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Ida Lyons
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant's own signature Mrs Fred Rabinger
(b) Address 548 N. Bell, Webster Grove

17. (a) ~~Board of Hill~~ (Burial, cremation, or removal) (b) Date thereof July 12 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Elsberry Mo

18. (a) Signature of funeral director W. D. Bradley
(b) Address Elsberry Mo.

19. (a) JUL 11 1939 (Date received local registrar) (b) J. F. Bischoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th year 1939 hour 3 minute 05 A. M.

21. I hereby certify that I attended the deceased from July 9th, 1939 to July 10, 1939; that I last saw her alive on July 10, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intestinal obstruction	4 da
Due to: Post operative adhesions	7 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death) 122 b	

Major findings: Of operations Gangranous ileum just proximal to caecum from adhesions
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury 1

23. Signature R. S. Mitchell (M. D. or other)
Address 1536 Papin St Date signed 7/10/39

(Licensed Embalmer's Statement on Reverse Side)

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. ~~3966~~ .....

working under my personal supervision.

Signed W. D. Bradley

Licensed Embalmer No. 3966

P. O. Address Elsberry Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.